

Berkley Insurance Company

Lawyers Professional Liability Insurance Application

CLAIMS MADE NOTICE FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Include a Copy of the Applicant Firm's Letterhead
- Completed Supplemental Application(s) where applicable

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire Applicant Firm.

| | | | |
|-----------------------------------|------------------|---------------------------------|--|
| Name of Applicant Firm | | Website Address (if applicable) | |
| Street Address | Suite | County | |
| City | State | Zip Code | |
| Name of Contact at Applicant Firm | | Title | |
| E-mail Address | Telephone Number | Fax Number | |

Requested Coverage

Select the limit of liability the Applicant Firm desires. Some limits / deductible / optional coverages may not be available in all states and all are subject to underwriting qualification.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 | <input type="checkbox"/> Other _____ / _____ |

Select the deductible the Applicant Firm desires: \$2,500 \$5,000 \$10,000 \$25,000 Other \$ _____

General Information

1. For how many years has the Applicant Firm been continuously covered for malpractice claims? _____
2. List the professional liability insurance purchased by the Applicant Firm for each of the last 5 years and indicate the Applicant Firm's current retroactive date (Mo/Day/Yr): _____ / _____ / _____ None

| Insurance Carrier | Policy Period | # of Attorneys | Limit of Liability | Deductible | Premium |
|-------------------|---------------|----------------|--------------------|------------|---------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

3. Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever had an insurer decline, cancel, refuse to renew, or rescind any professional liability insurance policy? (NOT APPLICABLE IN MISSOURI) Yes No
4. Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever purchased an Extended Reporting Period (or Discovery Period) under any prior professional liability insurance policy?
If "Yes", provide details in the Additional Information section of this application. Yes No
5. Form of Applicant Firm: Limited Liability Corporation Limited Liability Partnership Other _____
 Partnership Professional Association Professional Corporation Solo Practitioner / Individual
6. The Applicant Firm has been in continuous operation since: _____
7. a. Number of branch offices: _____

- b. If a member of a network of affiliates or a consortium, how many firms in the network or consortium? _____
- c. Does the Applicant Firm share office space, expenses, cases, staff or letterhead with any other individual, of counsel partnership, firm, or organization? Yes No

If "Yes", provide details in the Additional Information section of this application.

8. Check the appropriate box indicating the management structure in the table below for the principle office of the Applicant Firm.
- | | | |
|---|---|-----------------------|
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Management Committee | # in committee: _____ |
| <input type="checkbox"/> Managing Partner | <input type="checkbox"/> Executive Committee | # in committee: _____ |
| <input type="checkbox"/> Managing Executive | <input type="checkbox"/> Other: | _____ |

If managed by a committee, does the committee meet on a regularly scheduled basis? Yes No

9. Complete the table below providing the total number of staff in the principle office and all branches.

| | Current Year | Prior Year | Two Years Ago |
|--|--------------|------------|---------------|
| Partners / Officers / Members | | | |
| Employed Lawyers | | | |
| Of Counsel | | | |
| Independent Contractors / Per Diem lawyers | | | |
| Paralegals | | | |
| Clerical | | | |
| Other Staff (Describe below) | | | |
| TOTAL | | | |

Other Staff (description, if applicable): _____

10. List all of the Applicant Firm's attorneys. List additional attorneys on a separate sheet in the same format. Differences between the date an attorney began practicing law for other than a corporate or government entity and the date the attorney was admitted to the Bar must be explained on a separate sheet of paper following the same format.

| Attorney Name | | Designation* | Average # Hours weekly | States Licensed to Practice Law | Number of Years | | | Prior Acts Date |
|---------------|------|--------------|------------------------|---------------------------------|-----------------|-----------|--------------------------|-----------------|
| First | Last | | | | In Practice | With Firm | With Continuous Coverage | |
| | | | | | | | | |
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*Designations: "A" Associate "IC" Independent Contractor "OC" Of-Counsel "O" Officer "M" Member "P" Partner

11. Complete the table below for any predecessor in business that has been merged into or acquired by the Applicant Firm during the past five years. For the purpose of this question, a predecessor in business is a firm which is engaged in the practice of law to whose financial assets and liabilities the Applicant Firm is a majority successor in interest. Not Applicable

| Predecessor in Business Name | Dates of Existence | # of Lawyers Acquired | Status of Predecessor in Business (dissolved, name change or continues) | Predecessor in Business Retroactive Date |
|------------------------------|--------------------|-----------------------|---|--|
| | | | | |
| | | | | |

Area of Practice & Client Information

12. Express percentage of time (billable hours) devoted to each area of practice for the previous year. Indicate percentages in whole numbers next to the type of law practices, not the type of client. Be as accurate as possible, casual estimates may cause inappropriate evaluation of the practice. All litigation should be coded as "civil" litigation with the exception of "criminal," "personal injury-plaintiff" and "intellectual property."

| | |
|---|---|
| _____ % Admiralty / Marine – Defense | _____ % Intellectual Property* (Copyright / Trademark / Patent) |
| _____ % Admiralty / Marine – Plaintiff | _____ % International Law |
| _____ % Anti-Trust / Trade Regulation | _____ % Labor Management Representation |
| _____ % Banking / Financial Institutions | _____ % Labor Union Representation |
| _____ % Business Transactions / Commercial Law | _____ % Local Government |
| _____ % Civil / Commercial Litigation – Defense | _____ % Natural Resources / Oil & Gas |
| _____ % Civil / Commercial Litigation – Plaintiff | _____ % Personal Injury / Property Damage – Defense |
| _____ % Civil Rights / Discrimination | _____ % Personal Injury / Property Damage – Plaintiff |
| _____ % Collection / Bankruptcy | _____ % Real Estate Title* – Commercial |
| _____ % Construction (Building Contracts) | _____ % Real Estate Title* – Residential |
| _____ % Consumer Claims | _____ % Securities* (S. E. C.) |
| _____ % Corporate Business Organization | _____ % Taxation |
| _____ % Criminal | _____ % Wills, Estates, Trust & Probate |
| _____ % Environmental | _____ % Workers Compensation – Defense |
| _____ % Family Law | _____ % Workers Compensation – Plaintiff |
| _____ % Government Contracts / Claims | _____ % Other _____ |
| _____ % Immigration / Naturalization | 100% Total – must equal 100% |

*** If any percentage, complete the Intellectual Property Section or the Securities Section of the Supplemental Application, or the Real Estate Supplemental Application.**

13. Has the Applicant Firm's Areas of Practice varied more than 10% within the past two years? Yes No
14. In the past five years, has the Applicant Firm been involved in any mass tort / class action cases?
If "Yes", provide details in the Additional Information section of this application. Yes No
15. Based on the sums billed in the most recent fiscal year, complete the table below to describe the Applicant Firm's client base. Categories are mutually exclusive and should equal 100%.

| | | | |
|---------------------------|---|------------------------|------|
| Individuals | % | Financial Institutions | % |
| Start-up Businesses | % | Government Entities | % |
| Privately-held Companies | % | Entertainment / Sports | % |
| Publicly-traded Companies | % | Other (Describe below) | % |
| | | TOTAL: | 100% |

16. Based on the sums billed in the most recent fiscal year, list the five largest clients of the Applicant Firm. Use the Areas of Practice in question 12. If client name is not a matter of public record and confidentiality is required, describe only the nature of business and provide the Area of Practice.

| Name of Client & Number of Years as Client | Nature of Business | Area of Practice |
|--|--------------------|------------------|
| | | |
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17. Does the Applicant Firm have written procedures to follow when a complaint regarding professional legal services or fees is received from client or a client's lawyer?
If "Yes", provide details in the Additional Information section of this application. Yes No
18. What percentage of accounts receivable are outstanding more than 90 days? _____ %

Internal Controls and Procedures

19. Does the Applicant Firm offer a training program for the staff? Yes No
20. Does the Applicant Firm use a formal system to evaluate, at least annually, the performance of all practicing lawyers (including partners/members) and staff within the Firm? Yes No
21. Check all that apply with respect to the measures taken by the Applicant Firm to protect itself from possible claims made against the Applicant Firm arising from the acts, errors or omissions committed by a lateral hire?
- | | |
|--|---|
| <input type="checkbox"/> Verification of bar admission | <input type="checkbox"/> Disclosure of past and potential complaints and claims |
| <input type="checkbox"/> Investigation of outside interests (director / officer positions and controlling interests, etc.) | <input type="checkbox"/> Investigation of any actual or potential conflict(s) of interest (clients of prior firms, equity interests in clients, etc.) |
| <input type="checkbox"/> Verification of malpractice insurance | <input type="checkbox"/> Warranty letter regarding no known complaints or claims |
| <input type="checkbox"/> Require the purchase of an extended reporting period, if available | <input type="checkbox"/> Training in the Applicant Firm's office procedures |
22. Are engagement letters required to be signed by all new clients prior to starting work for the client? Yes No
23. Are the billing arrangements, if any, set forth in the engagement letters? Yes No
24. Are the contingent fee arrangements, if any, set forth in the engagement letters? Yes No
25. Are scope of service letters on all new matters required to be sent to existing clients? Yes No
26. Does the Applicant Firm acknowledge in writing the declination or termination of representations? Yes No
27. Does the Applicant Firm routinely refer clients to certain other firms?
If "Yes", provide details in the Additional Information section of this application. Yes No
28. Does the Applicant Firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking for former, existing or potential clients? Yes No
29. Check all that apply with respect to the Applicant Firm's Docket System:
- | | | |
|--|--|---|
| <input type="checkbox"/> Single Calendar | <input type="checkbox"/> Computer System | <input type="checkbox"/> Verification of completion of events |
| <input type="checkbox"/> Dual Calendar | <input type="checkbox"/> Pocket Diary | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tickler File | <input type="checkbox"/> Master Listings | |
30. Does the Applicant Firm's Docket system have a procedure for verification of the completion of daily events and for the rescheduling of events that were not completed? Yes No
31. Do any of the Applicant Firm's lawyers, partners or members have an individual or combined equity interest greater than 10% in any client?
If "Yes", provide details in the Additional Information section of this application. Yes No
32. Does the Applicant Firm have written procedures regarding the acceptance of stock, deeds, or other property in lieu of fees for services rendered? Yes No
33. Does anyone in the Applicant Firm serve as a director, officer, employee or in any management capacity for a client? **If "Yes", provide details in the Additional Information section of this application.** Yes No
34. Does anyone in the Applicant Firm provide dual representation (both sides of the dispute)? Yes No
35. *For Applicant Firms with more than five attorneys:* Does the Applicant Firm require that at least two attorneys in the Applicant Firm be informed of the initiation of a representation? Yes No
For Solo Practitioners: Is there a procedure in place regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable?
If "Yes", provide details in the Additional Information section of this application. Yes No
36. During the last two years, has the Applicant Firm initiated any law suits or arbitration procedures to enforce the collection of unpaid fees for the Applicant Firm?
If "Yes", provide details in the Additional Information section of this application. Yes No

Litigation and Claim Information

37. Does the Applicant firm have a written policy requiring that a notice of claim or potential claim be reported to an identified individual or committee as soon as a lawyer or employee of the Firm becomes aware of the claim or potential claim? Yes No
38. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?
If "Yes", provide details in the Additional Information section of this application. Yes No
39. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?

If "Yes", complete the Claim / Incident Section of the Supplemental Application.

Yes No

40. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm?

If "Yes", complete the Claim / Incident Section of the Supplemental Application.

Yes No

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 39 OR 40.

Financial Information

➤ Provide copy of latest audited financial statement and fiscal year end management reporting package for the Applicant Firm

| Provide the following financial information for the Applicant Firm last completed fiscal year and the prior 2 fiscal years: | Latest Fiscal Year / / | Prior Fiscal Year / / | Prior Fiscal Year / / |
|--|---------------------------|--------------------------|--------------------------|
| Current Assets: | \$ | \$ | \$ |
| <small>(All cash and other assets likely to be converted into cash within 1 year)</small> | | | |
| Current Liabilities: | \$ | \$ | \$ |
| <small>(Liabilities that will be paid in 1 year)</small> | | | |
| Total Assets: | \$ | \$ | \$ |
| <small>(All assets of the Applicant Firm)</small> | | | |
| Total Liabilities: | \$ | \$ | \$ |
| <small>(All liabilities of the firm including current liabilities and long term debt)</small> | | | |
| Capital: | \$ | \$ | \$ |
| <small>(All partners' / shareholders' investment in the Applicant Firm including cash and assets contributed in addition to undistributed profits)</small> | | | |
| Total Revenues: | \$ | \$ | \$ |
| <small>(All amounts received [cash based accounts] or earned [accrual based accounts])</small> | | | |
| Total Expenses: | \$ | \$ | \$ |
| <small>(All costs paid [cash based accounts] or incurred [accrual based accounts])</small> | | | |
| Total Average Receivables: | \$ | \$ | \$ |
| <small>(As of year-end, compute by adding the beginning of the year total receivable balance and the end of the year total receivable balance, then dividing the sum by 2)</small> | | | |

Provide the 3 largest expenses (expense / \$) incurred by the Applicant Firm for the last completed fiscal year and the prior 2 fiscal years:

| Latest Fiscal Year / / | Prior Fiscal Year / / | Prior Fiscal Year / / |
|---------------------------|--------------------------|--------------------------|
| | | |
| | | |
| | | |

Additional Information

➤ If space provided is insufficient, include additional details on a separate attachment.

#4: When and why was Extended Reporting Period purchased? _____

#7 c: Provide the names of the entity(ies) and a copy of each letterhead: _____

#14: Describe the mass tort / class action cases: _____

#17: Describe procedures: _____

#27: Describe the agreement, if any between the Applicant Firm and the other firm(s). Include any fee arrangement, if applicable.

#31: Provide the names of the lawyers, partners or members, names of clients and percentage of ownership:

#33: Provide the names of the individuals, positions held and names of clients:

#35: Describe the procedures regarding provisions of services if the sole practitioner is incapacitated or otherwise unavailable:

#36: Describe the law suits initiated and/or arbitration procedures to enforce collection of unpaid fees, status of the suit for fees and dollar value of unpaid fees :

#38: Provide the names of the attorneys and reason for: refused admission to practice, disbarment, or suspension from practice, reprimand, sanction, or discipline:

Please Read Carefully

The undersigned, acting on behalf of all proposed Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each Insured proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
• any Policy, if issued, will be in reliance upon the truth of such representations and any material misrepresentation or fraud made by the Insured or with the Insured's knowledge in applying for this Policy or in pursuing a Claim under this Policy shall be deemed grounds for denial of coverage or cancellation of this Policy;
• this Application has been completed as respects the entire Applicant Firm;
• the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated

Signature of Owner, Partner, Officer or Principal

Title

Owner, Partner, Officer or Principal (Print Name)

This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

Producer Information

Submitted by (Agency Name)

Agent's Name (Individual's Name)

Agent's License Number

Dated

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND, WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL FINES OR PENALTIES.

KENTUCKY, PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Berkley Insurance Company

Lawyers Professional Liability Insurance Supplemental Application

CLAIMS MADE NOTICE FOR APPLICATION: This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Complete only those sections of the Supplemental Application that apply to the Applicant Firm
- If space provided is insufficient, include additional details on a separate attachment

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Supplemental Application is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm

Claim / Incident Supplemental Information

1. Full name of individual(s) and firm involved in the professional liability claim, suit, or circumstance which could give rise to a **Claim:**

Full name(s) of Claimant (Plaintiff):

(a) _____ (b) _____

Full name(s) of Defendant:

(a) _____ (b) _____

Additional Defendant(s):

(a) _____ (b) _____

2. Date alleged professional liability claim, suit, or circumstance occurred: _____
3. Date Claim made against an **Insured:** _____
4. Location of professional liability claim, suit, or circumstance (City, State): _____
5. Has this professional liability claim, suit, or circumstance been reported to any insurance carrier? Yes No
If "Yes", date reported to insurance company: _____
6. To which insurance company did you report this professional liability claim, suit, or circumstance? _____

7. Current status of professional liability claim, suit, or circumstance: Closed Open In Suit Potential

8. If professional liability claim, suit, or circumstance is Closed, provide the following:

(a) Total damages paid: \$ _____ (b) Total expenses paid (including deductible): \$ _____

(TOTAL DAMAGES PAID AND TOTAL EXPENSES PAID MUST BE PROVIDED.)

9. If professional liability claim, suit, or circumstance is Open, In Suit, or Potential, provide the following:

(a) Total damages demanded: \$ _____ (b) Total expenses paid to date: \$ _____

(PAID EXPENSE AMOUNT MUST BE PROVIDED. CONTACT YOUR AGENT, INSURANCE COMPANY, OR DEFENSE COUNSEL TO OBTAIN THE REQUIRED INFORMATION.)

10. (a) What specific causes of action are alleged in the professional liability claim, suit, or circumstance? (Provide enough information to allow for an evaluation.)

(b) Description of events that gave rise to the professional liability claim, suit, or circumstance.

(c) Explain what actions the Applicant Firm has taken to prevent a recurrence or similar claim / incident:

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations and any material misrepresentation or fraud made by the **Insured** or with the **Insured's** knowledge in applying for this Policy or in pursuing a **Claim** under this Policy shall be deemed grounds for denial of coverage or cancellation of this Policy;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Application and is subject to the same representations and conditions.

_____ Dated _____ Signature of Owner, Partner, Officer or Principal

_____ Title _____ Owner, Partner, Officer or Principal (Print Name)

This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

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Please submit this Application including appropriate documentation to:
Monitor Liability Managers, 233 South Wacker Drive, Suite 3900, Chicago, IL 60606

Producer Information

_____ Submitted by (Agency Name) _____ Agent's Name (Individual's Name) _____ Agent's License Number _____ Dated _____

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND, WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL FINES OR PENALTIES.

KENTUCKY, PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.