

**St. Paul Fire and Marine Insurance Company
Saint Paul, Minnesota**

IMPORTANT NOTE: This is an application for a policy, which, if issued, will be on a claims-made and reported basis. To be covered, a claim, suit, or disciplinary proceeding must be first made or brought against a protected person and reported to us in the same policy year, including under certain circumstances, during the limited reporting period or the extended reporting period, if either one applies. Also, the limits of liability of any such policy will be reduced by amounts paid for defense expenses and such payments for defense expenses may also be applied against the deductible amount, unless we agree otherwise.

NY DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, and/or a deductible that applies to defense expenses, 100% of such limits or deductibles may be used up with the payment of judgments, settlements, or defense expenses. Once the limit of coverage is used up, we will have no further obligation to pay any judgments, settlements, or defense expenses.

Throughout this application the terms "you" and "your" mean the firm or the individual who is applying for this insurance.

GENERAL INFORMATION

1. This application is: <input type="checkbox"/> New Business to Travelers <input type="checkbox"/> Renewal of Travelers Policy No. _____	2. New Business Desired Effective Date _____
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3. Your Name (legal name of the law firm or individual applying for this insurance): _____

4. Contact: Name, phone, fax, email _____	Website address: _____
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5. Your Primary Location (Street Address, City, State, Zip Code, County) _____

6. Do you have other office locations?
 Yes No (If yes, please list on separate sheet)

7. Indicate your firm formation or legal status (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation/Professional Corporation <input type="checkbox"/> Other organization (please describe) _____	8. Date your firm or legal practice was established: _____
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9. Indicate the Each Wrongful Act Limit of Coverage you desire:
 \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other \$ _____

10. Indicate the Each Wrongful Act Deductible you desire:
 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

11. Indicate the following for the applicable fiscal year (If you are newly established, please provide best estimate):

Gross Revenue	Net Income
	<i>(before payment of bonuses, salaries, and other remuneration)</i>
a. Estimate for current fiscal year \$ _____	d. Estimate for current fiscal year \$ _____
b. Actual for immediate past fiscal year \$ _____	e. Actual for immediate past fiscal year \$ _____
c. Actual for second previous fiscal year \$ _____	f. Actual for second previous fiscal year \$ _____

12. Provide the following information about your five largest clients:

Name	Industry	Areas of Legal Services for Client	Percent of Your Revenue Derived from Client	No. of Years You've Represented
			%	
			%	
			%	
			%	
			%	

13. List all of your Predecessor Firms (Any legal entity that was engaged in the practice of law to whose financial assets and liabilities you are the majority successor in interest):

Name of Firm/Sole Practitioner	Date Established	Date Dissolved	No. of Owners, Officers, Partners at		No. of Owners, Officers, Partners from Prior Firm who joined successor
			Start	End	

YOUR LEGAL PRACTICE

14. Complete the following chart based upon either your **gross revenue** or **billable hours** for each category. **The total from all areas must equal 100%.** This application completed based on (check one) Gross Revenue Billable Hours

Area of Practice	Indicate Percentage of Your Current Practice	Area of Practice	Indicate Percentage of Your Current Practice		
Admiralty/Maritime	Plaintiff*	Federal, State & Local Government	Advice-Finance Invst.	%	
	Defense*		Defense	%	
	All Other Work		All Other Work	%	
Alternative Dispute Resolution	All Work	General Civil Litigation	Plaintiff*	%	
Antitrust	Plaintiff*	Health Care	Defense*	%	
	Defense*		Defense*	%	
	All Other Work		All Other Work	%	
Appellate	Plaintiff*	Immigration & Naturalization	Plaintiff*	%	
	Defense*		Defense*	%	
	All Other Work		All Other Work	%	
Business Formation & Alteration	Corporation	Insurance Defense	All Work	%	
	Partnership	International Law	Plaintiff*	%	
	Mergers & Acquisitions		Defense*	%	
			All Other Work	%	
Business Transactions-Corporate & Commercial	Plaintiff*	Labor & Employment	Representing Mgt	%	
	Defense*		Repntg Union/Labor	%	
	All Other Work*		All Other Work	%	
Civil Rights & Discrimination	Plaintiff*	Natural Resources/Oil & Gas	Plaintiff*	%	
	Defense*		Defense*	%	
	All Other Work		All Other Work*	%	
Collection & Bankruptcy	For Creditors*	Personal Injury/Property Damage	Plaintiff*	%	
	For Debtors*		Defense*	%	
	Court Appointed Trustee*		All Other Work	%	
		Taxation/Tax Opinions	Personal*	%	
Commercial Law	Plaintiff*		Corporate*	%	
	Defense*		International*	%	
	All Other Work	Workers Compensation	Employer	%	
Construction Law/Building Contracts	Plaintiff*		Employee	%	
	Defense*		All Other Work	%	
	All Other Work				
Consumer Claims	All Work	Area of Practice	Indicate Percentage of Your Current Practice	Services Performed Past 36 Months?	
Criminal Law	All Work	Environmental Law	Plaintiff*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Defense*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			All Other Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Benefits	Plaintiff*	Financial Institutions Rep. (Banks, Savings & Loans, and Savings Banks)	All Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defense*				
	All Other Work				
Entertainment Law	Incl. Money Mgt.	Intellectual Property - Patent/Trademark/Copyright	All Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Excl. Money Mgt				
	Litigation				
Estates, Trusts & Probate	Estate Planning*	Real Estate	All Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trust Admin.*	Securities/Corporate	All Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Probate*	Bonds	All Work*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Law	Contested Divorce	Other (Provide complete description)	All Work	%	
	Un-contested Divorce				
	All Other Work				

In the table above:

- **Plaintiff** means Plaintiff Litigation
- **Defense** means Defense Litigation

In the table above (indicated by *), if you have indicated any Gross Revenue or Billable Hours in any of the following areas of practice, you must complete an underwriting supplement:

- Plaintiff Litigation in any area of practice
- Defense Litigation in any area of practice
- Business Transactions - Corporate & Commercial
- Collection & Bankruptcy
- Commercial Law
- Entertainment Law
- Environmental Law
- Estates, Trusts & Probate
- Financial Institutions Representation
- Intellectual Property
- Natural Resources/Oil & Gas
- Real Estate
- Securities/Corporate Bonds
- Taxation/Tax Opinions

15. What percentage of your firm's legal services are provided Pro Bono or to economically disadvantaged individuals at no or very low cost? %

If such services are provided, please explain the scope and arrangement of such service on a separate sheet.

16. Does your firm provide any services outside the practice of law?..... Yes No

If yes, please explain: _____

YOUR LAWYERS AND STAFF

17. List all your lawyers (include yourself if you are an individual). Use the following position designations (attach a separate sheet if additional space is needed).

O = Owner/Officer/Shareholder S = Sole Proprietor EA = Employed practicing attorneys of the firm not otherwise designated
A = Associate practicing for the firm OC = Of Counsel Attorney of the Firm RP = Retired partners of the firm
P = Partner of the Partnership CA = Attorneys on contract or per diem

Name	Position (see key)	Month/Year Admitted to Bar	Month/Year Joined the Firm	Annual Hours Worked for OCs, CAs, RPs and any part-time lawyers	Exceeded Minimum CLE requirements during the past 12 months?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Indicate the number of non-lawyer staff you currently employ in each of the following areas:

Law Clerks	Paralegals	Investigators	Patent Agents	Title Agents*	Abstracters	Total Non-Lawyer Staff

*Complete Title Agents Supplement

19. Do you share office space with any firm or attorney(s) who is/are not members of your firm? Yes No

If yes, describe the arrangement, list all lawyers by name, and provide certificates of insurance or coverage for those lawyers. (Use separate sheet.)

20. Do you, or does any member of your firm, act as a Public Defender, Prosecuting Attorney, Public Official, or as In-House Legal Counsel of any corporation or governmental agency, or as an independent contractor or Of Counsel to another firm? Yes No

If yes, please provide details on a separate sheet.

YOUR LOSS AVOIDANCE PROCEDURES

Potential Conflict Avoidance Procedures

- 21. Is your Conflict of Interest avoidance system automated? Yes No
- 22. Do your Conflict of Interest avoidance procedures:
 - a. **Include:**
 - 1. Your current and former clients? Yes No
 - 2. Clients of predecessor firms? Yes No
 - 3. Clients of merged firms? Yes No
 - 4. Clients of acquired firms? Yes No
 - 5. Lateral hires? Yes No
 - 6. Matters or clients you've declined? Yes No
 - b. Review related and opposing parties? Yes No
 - c. Require individual review of potential conflicts and acknowledgement by all lawyers in all offices before commencing legal work? Yes No
 - d. Prohibit representation that is potentially adverse to a current or former firm client? Yes No
 - e. Require written disclosure of the potential conflict to all clients? Yes No
 - f. Require written consent from all parties to a potential conflict prior to performing legal services? Yes No
 - g. Prohibit representation where any lawyer has any kind of financial interest in the proposed client or subject matter of the representation, other than traditional hourly or contingent legal fees? Yes No

If you have answered "no" to any of the above, please attach an explanation of your Conflict of Interest Avoidance Procedures.

Docket/Calendar Systems

- 23. Is your Docket/Calendar system:
 - a. Automated? Yes No
 - b. Have redundancies in input, review, and oversight? Yes No
- 24. Does your Docket/Calendar system:
 - a. Track litigated items? Yes No
 - b. Track non-litigated items, even where no critical deadline is involved? Yes No
 - c. Have built-in safeguards that require notification of firm management and case reassignment if a critical deadline is about to be missed? Yes No
 - d. Allow for entry from incoming mail? Yes No
 - e. Allow more than one person to be reminded of each date? Yes No
 - f. Include a procedure for the verification of the completion of calendared items or the re-scheduling of events? Yes No
- 25. Have you designated a specific individual to manage your Docket/Calendar system? Yes No

If yes, title of the person: _____

If you have answered "no" to any of the above, please attach an explanation of your Docket/Calendar system.

Client Intake & file Opening Procedures

26. Do your Client Intake, Screening, or File Opening procedures:
- a. Require explanation to potential clients that no new matters can be undertaken except through the firm's established Client Intake & File Opening Procedures? Yes No
 - b. Prohibit the disclosure of confidential information before a conflict check is completed? Yes No
 - c. Require a Conflicts approval before a new file can be opened? Yes No
 - d. Require a Docket/Calendar entry to be made? Yes No
 - e. Require approval of a management committee or manager before a new file can be opened? Yes No
 - f. Require a review of the proposed client's:
 - 1. Legal representation history? Yes No
 - 2. Financial condition? Yes No
 - 3. Credit rating or bill paying history? Yes No
 - 4. Number of previous lawyers interviewed/employed? Yes No
 - 5. Reasonableness of their expectations and their attitude toward litigation? Yes No
 - 6. Previous litigation history? Yes No
 - g. Examine the difficulty or complexity of the proposed representation? Yes No
 - h. Examine the match between the proposed representation and the current skill sets of the lawyers who will be working on the matter? Yes No
 - i. Examine the likelihood of success or expectations of the client? Yes No
 - j. Require an engagement letter before each new matter is accepted? Yes No
 - k. Require a non-engagement letter for each matter that is declined? Yes No

If you have answered "no" to any of the above, please attach an explanation of your Client Intake & File Opening Procedures.

Oversight, Peer Review, and Internal Communications

27. Do your Oversight, Peer Review, or Internal Communications procedures:
- a. Require that firm management regularly review the status and direction of all firm matters? Yes No
 - b. Require that all attorneys provide a thorough update to firm management of any problem files or cases? Yes No
 - c. Allow for the removal of any lawyer from a case and reassign it or seek withdrawal as necessary? Yes No
 - d. Require all lawyers to attend regular firm meetings (*in person or virtually*) whereby matters of common importance are communicated? Yes No
 - e. Require all significant or critical opinions or decision to be peer reviewed by at least two other lawyers (*applies only to firms of more than three lawyers*)? Yes No
 - f. Allow for formal peer review of associates on an annual basis? Yes No
 - g. Allow for formal peer review of partners on an annual basis? Yes No
 - h. Do you have written procedures concerning what action to take if an attorney is discovered or suspected to be impaired? Yes No

28. Have you had a risk management seminar or audit conducted within the past two years by a risk management specialist outside your firm? Yes No

29. Does each practice group, or your firm, if there are no designated practice groups, offer a training program for your lawyers? Yes No

If yes, please explain the scope of the program and tell us who is responsible for the overall supervision and control of the training program. Provide details on a separate sheet.

30. Do you offer a training program for your non-lawyer staff? Yes No
If yes, who is responsible for this program? _____

31. Do you use a formal system to evaluate, at least annually, the performance of your non-lawyer staff? Yes No
If yes, please provide title of individual who is responsible for this program? _____

If you have answered "no" to any of the above, please attach an explanation of your Oversight, Peer Review, and Internal Communications Procedures.

Office Policies & Procedures, Firm Management, and Billing Practices

- 32. Do you have written Office Policies and Procedures concerning the following:
 - a. Employment? Yes No
 - b. Benefits? Yes No
 - c. Internal procedural systems? Yes No
 - d. Investment in client businesses? Yes No
 - e. Loss avoidance and risk management? *(If yes, attach copy of the Table of Contents)* Yes No
- 33. Do you employ a Risk Control or Loss Prevention expert dedicated to helping the firm avoid malpractice? Yes No
- 34. Do you have an Executive Committee with authority to over-rule even senior partners? Yes No
- 35. What is the approximate outstanding amount of your accounts receivable, as a percentage of your annual gross revenues, for each of the following periods:
30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____
- 36. Do you have a policy against suing for fees? Yes No
If no:
 - a. How many suits for fee in the past two years? _____
 - b. Is firm management approval required before any such suit is filed? _____
- 37. Do you refer all collection matters concerning outstanding fees to a Collection Agency? Yes No

Your Outside Interests

- 38. Do you or any of the firm's lawyers:
 - a. Serve in the position of Director, Officer, or Partner of any client business or organization? Yes No
 - b. Hold an equity or debt interest in any business or organization that is also a client of the applicant firm? Yes No
 - c. Serve as an Employee of any business or organization other than the applicant firm? Yes No

If yes to any part of the above question, complete a Schedule of Outside Interests.

Advertising

- 39. Do you advertise your legal services? Yes No
If yes, attach a copy of such advertising.

Website

- 40. Do you maintain a website? Yes No
If yes:
 - a. Is the website used to provide legal advice? Yes No
 - b. Is the website used to obtain information regarding clients or potential clients? Yes No

PRIOR INSURANCE AND CLAIM HISTORY

IMPORTANT NOTE: You must report any known claim, suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability insurer before the claims-reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission that is known by you, any member of your firm, or any of your employees before the effective date of any insurance policy issued by Travelers in response to this application is excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

- 41. During the past seven years has any professional liability claim or suit been made against any of the following:
 - a. You, your firm or any member of your firm? Yes No
 - b. Any predecessor firm? Yes No
 - c. Any former member of your firm or predecessor firm *(resulting from legal services while a member of such firm)*? Yes No

If yes to any of the above, complete a Claim supplement for each such claim or suit.

42. Do you or any members or employees of your firm know of any incident, act, error, or omission that could reasonably result in a claim or suit against you, your firm, or any current or former firm member? Yes No

If yes, complete a Claim supplement for each such claim or suit.

43. Have you or any member of your firm ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any such entity? Yes No

If yes, please provide full details.

44. List the Lawyers Professional Liability Insurance protection carried during the past five years, include any period without coverage. If currently uninsured, check here:

	Name Of Insurer	Policy Period		Limits of Liability	Deductible/Retention	Premium	No. Of Lawyers Insured	Retro Date
		From MM/DD/YY	To MM/DD/YY					
Current Year								
Prior Year 1								
Prior Year 2								
Prior Year 3								
Prior Year 4								

45. In the past seven years have you, your firm, or any firm member had professional liability insurance or similar insurance declined, canceled, or non-renewed (*not applicable in Missouri*)? Yes No

If yes, provide details on a separate sheet.

46. Have you ever purchased an extended reporting period endorsement? Yes No

If yes, provide details on a separate sheet.

RETURN THE COMPLETED APPLICATION AND ALL SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER ALONG WITH A COPY OF YOUR FIRM'S LETTERHEAD.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and may also be subject to a civil penalty.
 (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)
 (In Colorado, 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

Attention: Insureds in FL
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA
 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.

Attention: Insureds in PA
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (<i>Partner, Member, Officer, Shareholder</i>)	Title	Date
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Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name		Soliciting Producer Name	
Broker or Agent License No.	City	State	Date submitted