



ALLIED WORLD INSURANCE COMPANY

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ALLIED WORLD LPL ASSURE
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
INSURANCE APPLICATION

NOTICE: THE POLICY BEING APPLIED FOR IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR DAMAGES IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1. APPLICANT INFORMATION:

Firm Name _____ Contact _____
Address* _____ City/State/Zip _____
Website _____ Email _____
Year Established _____
*Physical Address required

2. (a) LAWYER INFORMATION: Include all contract attorneys, counsel and of-counsel: (b) NON- ATTORNEY STAFF:

Table with columns: Attorney Name, Year Admitted, Hire Date, Average Hours Worked Per Week (0-5, 6-24, 25+)

Table with columns: Legal Secretaries/Assistants, Paralegals, Other

(c) GROSS REVENUE:

Table with columns: Past 12 months, Projected next 12 months, \$

If additional space is needed, please attach a separate sheet.

(d) How many attorneys have left the law firm's employment in the past 5 years? _____

3. INSURANCE INFORMATION: If no insurance currently inforce please check here. []

Table with columns: Policy Term, Effective Date, Carrier, Limits, Retention, Premium, Retro Date, # of Attorneys

4. RISK MANAGEMENT

Does the law firm or any attorney:

- (a) File lawsuits for the collection of its own unpaid fees? YES NO IF YES:
(b) Currently have more than 25% of billings more than 120 days past due?
(c) Derive more than 50% of gross annual billings from any single client?
(d) Have any office locations outside of your primary state?
(e) Render services as a CPA, Real Estate Agent, Financial or Investment Advisor?
(f) Share any of the following with any other firm or attorney? Office Space Letterhead Staff Cases None

If yes to any, provide name of firm(s) or attorneys(s): _____

(g) What percentage of cases does the firm use the following letters: If not 100% for each, please provide a narrative on Page 3.

- i. Engagement/Retainer Letters % ii. Declination Letters % iii. Termination/Disengagement Letters %

5. AREAS OF PRACTICE: *Indicate the percentage of gross revenue from each area of practice during the past 12 months.*

TOTAL OF ALL AREAS OF PRACTICE MUST = 100%

TRANSACTIONAL AREAS OF PRACTICE (excludes Real Estate and Litigation)			
Administrative Law <i>Narrative Required</i>	%	Government – Federal & State	%
Admiralty / Maritime	%	Government - Municipal (No Bonds)	%
Antitrust / Trade Regulation	%	Immigration	%
Bankruptcy –Creditor	%	Insurance Coverage Opinions	%
Bankruptcy – Debtor	%	Intellectual Property - Domestic Copyright/Trademark <i>AOP Supplement Sec. IV Required</i>	%
Civil Rights/Discrimination	%	Intellectual Property - Foreign Copyright/Trademark	%
Collections <i>Collections Supplement Required</i>	%	Intellectual Property – Patent (including litigation)	%
Commercial Law/Business/Contracts (Excluding Corporate/Construction) <i>Narrative Required</i>	%	International Law <i>Narrative Required</i>	%
Commercial Law/Business/Contracts - Construction (Excluding Litigation)	%	Mediation/Arbitration (No Securities or FINRA)	%
Communications (FCC)	%	Public Utilities	%
Corporate – Formation	%	Securities-Private Placements <i>AOP Supplement Sec. VI Required</i>	%
Corporate – General / Contracts	%	Securities-Public, State, Federal, Bonds <i>AOP Supplement Sec. VI Required</i>	%
Corporate – Mergers & Acquisitions	%	Taxation – Corporate	%
Criminal	%	Taxation – Individual	%
Elder Law / Social Security	%	Taxation – Other <i>Narrative Required</i>	%
Employment – Labor Law – Union	%	Taxation – Tax Shelter Advice / Opinions	%
Employment – Labor Law - Management	%	Trust/Estates/Probate/Wills: asset values less than \$1m	%
Employment - Other	%	Trust/Estates/Probate/Wills: asset values \$1m to \$5m	%
Entertainment /Sports <i>AOP Supplement Sec. I Required</i>	%	Trust /Estates/Probate/Wills: asset values \$5m + <i>AOP Supplement Sec. III Required</i>	%
Environmental/Oil & Gas <i>AOP Supplement Sec. II Required</i>	%	Other Transactional Areas of Practice (excluding Real Estate, Foreclosure and Litigation): <i>Details:</i>	%
ERISA/Pension	%		
Family Law – asset values less than \$1m	%		
Family Law – asset values \$1m to \$5m	%		
Family Law – asset values \$5m+	%		

LITIGATION AREAS OF PRACTICE (excludes Real Estate and Foreclosure)					
Practice Area	Plaintiff	Defense	Practice Area	Plaintiff	Defense
Auto, Slip & Fall, Dog Bite	%	%	Legal Malpractice Litigation	%	%
Commercial Litigation <i>Narrative Required</i>	%	%	Medical Malpractice Litigation	%	%
Construction Litigation (excluding Defect)	%	%	Workers Compensation Litigation	%	%
Construction Defect Litigation	%	%	Other Litigation Areas of Practice (excluding Real Estate): <i>Details:</i>	%	%
General Civil Litigation <i>Narrative Required</i>	%	%			
Insurance Bad Faith Litigation	%	%			
Insurance Litigation (excluding Bad Faith)	%	%			

REAL ESTATE (including Litigation and Foreclosure)				
Practice	Percentage	Total # of Transactions	Average Value	Maximum Value
a. Purchase & Sale – Commercial	%		\$	\$
Residential	%		\$	\$
b. Development (Syndications/Limited or General Partnerships/Condo or Co-ops/Property Valuation)	%		\$	\$
c. Mortgages, Refinancing and Loan Workouts	%		\$	\$
d. Foreclosures	%		\$	\$
e. Title Searches / Document Preparation	%		NOTE: All transaction amounts and values must be completed where requested.	
f. Landlord/Tenant	%			
g. Litigation (non-foreclosure)	%			
h. Municipal Zoning and Tax Appeals	%			
i. Other Real Estate Areas of Practice:	%	<i>Details:</i>		

6. Over the past 12 months what percentage of gross revenue was derived from:
 _____% Plaintiff Class Action/Mass Tort _____% Defense Class Action/Mass Tort N/A – No Litigation
 _____% Foreclosure (Defense) _____% Foreclosure (Lender Representation) N/A – No Foreclosure

7. With respect to litigation cases over the past 12 months, what was:
 The average case value? \$ _____ The maximum case value? \$ _____ N/A – No litigation

8. Does the law firm provide any legal services outside of the United States? Yes No
If yes, provide narrative details below.

9. Has the law firm provided legal services related to any of the following areas of practice in the past five (5) years?
If yes, provide narrative details below.

- Entertainment (advice, contracts, appearances, litigation, etc.) Yes No
- Environmental (oil& gas, regulatory, opinions, pollution, cleanup, litigation, etc.) Yes No
- Investment Advice or Opinions Yes No
- Patent (prosecution, filings, opinions, litigation, etc.) Yes No
- Tax Shelter Advice or Opinions Yes No
- 1031 Tax Exchanges Yes No
- Prepaid Legal Services Yes No

10. Narrative: If narrative details requested in any prior question provide details here. Attach separate sheet if needed:

11. CLAIMS, CIRCUMSTANCES, DISCIPLINARY AND CRIMINAL PROCEEDINGS:

If yes to any of the following please complete the Allied World Claims/Discipline/Criminal Supplement and provide current carrier loss runs for the past five (5) policy terms.

- | | YES | NO | IF YES |
|---|--------------------------|--------------------------|---|
| (a) Has any attorney been the subject of any bar complaint, investigation or disciplinary proceeding within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | <i>How many complaints? _____</i> |
| (b) Has any attorney been disbarred, suspended or refused admission to the bar by any bar association, court or administrative agency? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) Is there any criminal conviction or pending criminal indictment, proceeding or investigation against any attorney? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (d) Is any attorney or non-attorney staff aware of any claims against the law firm or its attorneys within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | <i>How many claims? _____</i> |
| (e) Does any attorney or non-attorney staff know of any acts, circumstances, errors or omissions that: (i) with respect to an attorney, a reasonable person engaged in the practice of law; or (ii) with respect to non-attorney staff a reasonable person employed in the legal profession; would recognize might be expected to be the basis of a professional liability claim against the law firm, its attorneys or any predecessor law firm or attorney? | <input type="checkbox"/> | <input type="checkbox"/> | <i>How many potential claims? _____</i> |

All such claims or incidents which may give rise to a claim must be disclosed in response to this Question regardless of whether the attorney or non-attorney staff believes that such a professional liability claim is likely to be made or would have any merit.

Without limiting the rights of the Insurer, any claim arising from a matter disclosed or which should have been disclosed in response to Question 11(d) or Question 11 (e) is excluded from any proposed insurance

12. NOTICES AND REPRESENTATIONS

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.

The undersigned authorized representative agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance.

The submission of this Application by the Applicant to the Insurer or signing of this Application by or on behalf of the Applicant does not obligate the Insurer to issue the insurance requested. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ALABAMA 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 RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

NOTICE TO ARKANSAS 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."

NOTICE TO 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

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

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY 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."

NOTICE TO LOUISIANA 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."

NOTICE TO MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

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

NOTICE TO 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.”

NOTICE TO 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.”

NOTICE TO NEW YORK APPLICANTS: “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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO 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.”

NOTICE TO 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 (365:15-1-10, 36 §3613.1).”

NOTICE TO OREGON APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

NOTICE TO PENNSYLVANIA APPLICANTS: “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.”

NOTICE TO RHODE ISLAND 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 OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO TENNESSEE 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.”

NOTICE TO TEXAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

NOTICE TO 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.”

NOTICE TO VIRGINIA 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.”

NOTICE TO 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.”

NOTICE TO WEST VIRGINIA: “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.”

NOTICE TO ALL OTHER 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number