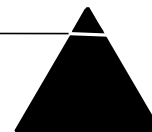


Executive Risk Indemnity Inc.
Home Office
Wilmington, Delaware 19808

Administrative Offices/Mailing
82 Hopmeadow
Simsbury, Connecticut 06070-7683



**RENEWAL APPLICATION FOR
ABA EMPLOYERS EDGESM
AN EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY FOR LAW FIRMS
ENDORSED BY THE AMERICAN BAR ASSOCIATION**



AMERICAN BAR ASSOCIATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO DUTY UNDER THIS POLICY TO DEFEND ANY "CLAIM." PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Applicant's Name: _____

Applicant's Address: _____

City: _____ **State:** _____ **ZIP:** _____

EMPLOYEES

A. Current number of:
Partners: _____ All other full-time employees: _____
All other attorneys: _____ Part-time employees (including seasonal and temporary): _____

B. Current number of dedicated independent contractors and leased employees (i.e., contracted or leased individuals working exclusively for the **Applicant** on the **Applicant's** premises):
Independent contractors: _____ Leased employees: _____

C. Please describe the nature of the work done by the independent contractors and leased employees included above. Please use a separate addendum if necessary.

D. How many involuntary terminations have occurred in the last year?
Employees: _____ All attorneys: _____

CLAIMS HISTORY

Since the submission date of the last application submitted to the Underwriter, has there been any change in the status of any claim, suit, circumstance, allegation, or contention previously reported under an employment practices liability insurance application made to the Underwriter or any other employment practices liability insurance carrier?

Yes No

If "Yes," please provide details on a separate addendum.

HUMAN RESOURCES

If the **Applicant** answers "Yes" to the following question, please provide details of the change or revision on a separate addendum as well as a copy of any revised documents.

Have there been any changes to the **Applicant's** human resources department, employee handbook, or written employment policies?

Yes No

FIRM HISTORY

If the **Applicant** answers "Yes" to any of the following questions, please provide further details on a separate addendum.

- A. Has the **Applicant** acquired or merged with any other entity in the last year? Yes No
If "Yes," did the acquisition include the assumption of liabilities? Yes No
- B. With respect to any acquisitions, were any employees, partners, or other attorneys terminated, or does the **Applicant** plan in the next eighteen (18) months to terminate any employees, partners, or other attorneys? Yes No
- C. Does the **Applicant** anticipate any branch/location closings, consolidations, or layoffs? Yes No
If "Yes," please provide details including the year, anticipated number of layoffs, and the circumstances surrounding those layoffs on a separate addendum.

PLEASE PROVIDE COPIES OF THE FOLLOWING:

- A. Firm Financial Information Supplement (Attachment);
B. Employee handbook revisions; and
C. Any new or revised written procedures on discrimination, sexual harassment, termination, hiring, or discipline.

NOTICE TO APPLICANT ³/₄ PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS RENEWAL APPLICATION. SIGNING THIS RENEWAL APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THIS RENEWAL APPLICATION AND THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS RENEWAL APPLICATION ARE SUPPLEMENTS TO THE APPLICATION(S) WHICH ARE PART OF THE EXPIRING POLICY, AND THOSE APPLICATION(S), TOGETHER WITH THIS RENEWAL APPLICATION AND ANY ATTACHED INFORMATION, WILL CONSTITUTE THE COMPLETE APPLICATION FOR RENEWAL AND WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED. IF, AS A RESULT OF THIS RENEWAL APPLICATION, A POLICY IS ISSUED, THE UNDERWRITER WILL HAVE RELIED ON THIS RENEWAL APPLICATION, ON SUCH PREVIOUS APPLICATION(S) (AS SUPPLEMENTED OR MODIFIED BY THIS RENEWAL APPLICATION) AND ON SUCH ATTACHMENTS.

IF THE INFORMATION IN THIS RENEWAL APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS RENEWAL APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE (OR DEEMED MADE) DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY "DEFENSE EXPENSES" AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED "DEFENSE EXPENSES" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY IN THE POLICY; AND
- (III) "DEFENSE EXPENSES" THAT ARE INCURRED WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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, MAINE AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

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 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, OR 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 OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF 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.

APPLICANT:		
BY (<i>Principal, Partner, or Shareholder</i>):	TITLE:	DATE:

NOTE: This Application must be signed by a Principal, Partner, or Shareholder of the **Applicant** acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent or Broker</i>): Please print and sign name _____	
FIRM NAME:	
TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (<i>No., Street, City, State, and ZIP</i>):	
EMAIL ADDRESS:	

**EXECUTIVE RISK INDEMNITY INC. RENEWAL APPLICATION FOR ABA EMPLOYERS EDGESM
AN EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY FOR LAW FIRMS
ENDORSED BY THE AMERICAN BAR ASSOCIATION
FIRM FINANCIAL INFORMATION SUPPLEMENT**

Name of **Applicant**: _____

This supplement is part of the Renewal Application for ABA Employers EdgeSM, An Employment Practices Liability Insurance Policy for Law Firms.

Please supply the following information and the source financial documents listed below. For items 1, 2, and 3, supply information for your latest completed fiscal year and the prior two fiscal years. For items 4, 5, and 6, please supply the amount at year end.

- | | Latest Fiscal Year
(ending __/__/__) | 1st Prior Fiscal Year
(ending __/__/__) | 2nd Prior Fiscal Year
(ending __/__/__) |
|--|---|--|--|
|--|---|--|--|
- 1. Gross Revenues:**
Cash receipts from professional services, excluding expense reimbursements.
- 2. Net Income:**
Total net income for distribution to active equity partners or shareholders.
- 3. Total Debt (Net present value):**
The sum of long- and short-term debt to all creditors. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list each obligation and its maturity date.)
- 4. Lease Obligations (Net present value):**
Please include all leases — e.g., for real estate, furnishings, office equipment, etc. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list all leases and show payment due by year for each.)
- 5. Obligations to Former Partners/Shareholders (Net present value):**
Total of all payments due to retired partners/shareholders or former partners/shareholders, for whatever reasons. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, please list obligations per year for each individual.)
- 6. Partner or Shareholder Equity:**
Total partner or shareholder equity.

Please provide latest fiscal year financial statements (income statement and balance sheet), audited if available, with this supplement.

I understand that information submitted herein becomes part of the Applicant's Renewal Application for ABA Employers EdgeSM, An Employment Practices Liability Insurance Policy for Law Firms, and is subject to all of the representations and conditions set forth therein.

Authorized Signature of **Applicant** (Principal, Partner, or Shareholder)

Date

Print Name

Date