



COLONY INSURANCE COMPANY

9201 FOREST HILL AVE., SUITE 200, RICHMOND, VA 23235 PHONE: (800) 577-6614 FAX: (804) 327-3172

LAW FIRMS ERRORS & OMISSIONS APPLICATION

APPLICANT'S INFORMATION:

LEGAL NAME OF FIRM:			
BUSINESS ADDRESS:			
COUNTY:			
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise

Insurance History:

1. Current Insurer _____ Deductible \$ _____
 Expiration Date _____ Expiring Premium \$ _____
 Is Current Carrier willing to Renew? No Yes
 Retroactive Date (Prior Acts) _____ (Please attach copy of Declaration Page)

2. Requested Limits: \$100,000/\$300,000 n \$500,000/\$500,000 n
 \$300,000/\$600,000 n \$1,000,000/\$1,000,000
 Requested Deductible (Per Claim): \$1,000 \$5,000 \$2,500 \$10,000

3. A. Complete the following for all lawyers in the Firm, independent contractor lawyers and "Of Counsel" lawyers:

Lawyer Name	CLE Hours Past Year	D/C*	Date Admitted to Bar (Mo-Yr)	Years in Private Practice	Lawyer's Primary Area of Practice
1.					
2.					
3.					
4.					
5.					

* Designation Code

O Officers, Directors or Shareholders of the Corp. who are licensed as Lawyers **E** Employed Lawyers
S Sole Proprietor **C** "Of Counsel" Lawyers **P** Partners of Partnership **I** Indep. Contractor Lawyers

B. Give the number of employees and/or support staff utilized:

Law Clerks Investigators Abstractors Title Agents Accountants Certified Paralegals Clerical/Secretarial

4. Does any lawyer listed above practice in this Firm less than 40 hours per week? No Yes

5. Total gross annual revenues: a. Latest Fiscal Year: \$ _____
 b. Projected Next Fiscal Year: \$ _____

6. How many types of Docket Control Systems do you currently use? _____

7. Is the firm's docket/calendaring system computerized? No Yes

8. Is it the firm's standard practice to use engagement letters when agreeing to represent No Yes

a claim?

9. Is it the firm's standard practice to use non-engagement letters when refusing to represent a client? No Yes

10. Is any lawyer or employee listed above licensed or operating as any of the following: (% of Total Time Spent)
Accountant _____% Escrow Agent _____% Insurance Agent/Broker _____%
Mortgage Broker/Lender _____% Real Estate Agent/Broker _____% Title Abstractor/Searcher _____%
Title Agent _____%

11. (a) How does the firm maintain its conflict of interest avoidance system? (check all applicable)
_____ Computer ___ Index File ___ Conflict Committee ___ Other (describe by attachment)
(b) How often is the conflict of interest system updated?
_____ Daily _____ Weekly _____ Monthly _____ Other (describe) _____
(c) Does the conflict of interest system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? No Yes
(d) If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? No Yes
(If no, explain by attachment.)

12. What percentage of time-not income do you spend in the following areas of practice?

Total of A+B+C+D must equal 100%

A.
_____% Admiralty—Defense
_____% Bankruptcy
_____% Collections
_____% Criminal matters
_____% Defense of personal or bodily injury
_____% Defense of workers' compensation
_____% Immigration
_____% International Law
_____% Mediation
_____% Will, estate planning, probate
_____% Family Law

_____% **Subtotal (A)**

B.
_____% Admiralty other than Defense
_____% Corporation formation/alteration (Non-SEC Related)
_____% Environmental
_____% ERISA or Employee Benefits
_____% Investment Counseling/Money Mgt. (Complete Financial Planning Supplement)
_____% Labor—Employee relations

_____% Labor management representation
_____% Taxation-individual
_____% Utilities/Municipality
_____% Mergers/Acquisitions

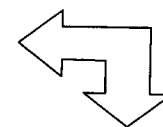
_____% **Subtotal (B)**

C.
_____% Entertainment, sports or celebrity
_____% Oil, gas, or mining
_____% Patent, copyright or trademark (PCT)
_____% Plaintiff's rep. in personal or bodily injury
_____% Plaintiff's representation in products liability
_____% Plaintiff's representation in workers' comp.
_____% Real Estate - Commercial
_____% Real Estate - Residential
_____% Title/Abstracting
_____% Domestic Law
_____% Taxation – Corporate

_____% **Subtotal (C)**

D.
_____% Banking, savings & loan, or other financial institution services
_____% Bonds, commercial paper, limited partnerships, or State/Federal securities, both exempt & non-exempt
_____% Real Estate Syndication/Limited Partnership
_____% Securities/SEC
_____% Other(Describe in detail by attachment)

_____% **Subtotal (D)**



Complete attached supplemental application for any plaintiff's or PCT work.

13. a. Have you had or reported any claims in the last ten years? No Yes
If "YES," how many _____
If "YES," complete the attached supplementary claim form for each claim.

b. Do you know of any circumstances, acts, errors or omissions that could result in a Professional Liability claim? No Yes

c. Provide details on any attorney who has been disbarred, suspended, or reprimanded.

Applicants Signature

Date

Producer

Title

D. Was Engagement Letter used? No Yes

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)



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BUSINESS/PERSONAL MANAGEMENT ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

Business / personal management services are those services where the CPA acts as the client's representative in many or all of the client's financial transactions (e.g. bill paying and cash disbursements).

Firm Name	
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1. Experience

Complete the following table in respect to the Firm's and Business/personal Management practitioners' expertise.

Individual(s)	# of Years BPM Experience	# of Hours BPM CPE in Past 3 Years

2. Services

- a. Approximate percentage of Firm's total clients that are BPM: _____
- b. Approximately what percentage of the firm's BPM revenue is derived from the following:

Bookkeeping	%	Financial Statement Preparation	%
Tax	%	Acts as Officer or Director of Company Owned/Controlled by BPM Client	%
Bill Paying	%	Accounting or Audit for Royalties or Revenue	%
Business / Investment Advice	%	Other:	%

Total BPM revenue must add to 100%

3. Practice Management

- a. Attach a copy of the standard engagement letter used by the Firm.
- b. Does the Firm have discretionary authority to invest funds? No Yes
If "YES," what type of investments are the funds placed in?

- c. Describe the Firm's internal control procedures for the disbursement of funds.

- d. Are client's funds commingled with other funds? No Yes
- e. How frequently is an accounting of services rendered given to the client? _____
- f. Are Reports provided to any party other than the client? No Yes
If "YES," to whom and how often? _____
- g. Does the Firm have a client screening process? No Yes
_____ New Clients Only _____ All Clients

Signature of Applicant/Title/Date

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FIDUCIARY ACTIVITIES

ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

INSTRUCTIONS:

1. Complete the following information if, within the past two (2) years, any owner, partner, shareholder, principal, officer or employee has received, disbursed, or controlled client funds and/or assets in any capacity.
2. Complete one form for each client (copy if necessary).
3. Please type or print using black ink. DO NOT USE PENCIL.

1. Name of Applicant: _____
2. Legal Name of firm: _____
3. Client's Name: _____
4. Relationship to firm: _____
5. Describe the services rendered for the client listed in #2 above: _____

- 6 a. Complete the following for all individuals who have authority to transact business or handle funds and/or assets for this client:

NAME	CAPACITY	MEMBER OF THE APPLICANT FIRM?
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

- b. Is the individual(s) listed in 6a. bonded for handling client funds and/or assets? **If "YES," please attach a copy of the bond.** No Yes

7. What funds and/or assets does the individual(s) listed in 6a. above have access to? (Please list type and maximum value at any given time):

Cash \$ _____ Real Estate \$ _____ Trust Accounts \$ _____
 Bank Accounts \$ _____ Securities \$ _____ Other: _____

8. Is the client's signature required on all checks and/or transactions? No Yes
If "YES," please explain: _____

9. Does the individual(s) listed in 6a. above have the authority to make investment decisions on behalf of the client? No Yes
If "YES," please explain: _____

10. What risk controls are in place to monitor the handling of client funds and/or assets?

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

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PATENT/TRADEMARK/COPYRIGHT PRACTICE ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

1. Please identify the number of a) attorneys and b) patent agents who are representing client interests before the PTO.

a) attorneys _____

b) patent agents _____

Are all patent attorneys and patent agents in the firm experienced (i.e. five or more years of experience)? No Yes

If not, are these attorneys working under a senior partner who is responsible for the quality of their work? No Yes

2. Please describe in detail the procedures in place for the docketing of patent/trademark/copyright deadlines: _____

3. Does your firm assume responsibility for the payment of maintenance fees for any of your clients? No Yes

If "YES," please advise approximately how many clients you perform this function for and describe the system utilized to track the renewal and ensure timely payment:

4. Does your firm employ the services of other companies to perform searches relating to your clients? No Yes

If "YES," please describe the steps taken to ensure an accurate search.

5. Does your firm use engagement letters, fee agreements and termination letters on all letters on all patent clients? No Yes

If "NO," please explain the circumstances in which engagement letters are and are not used:

6. Does your firm expressly prohibit the acceptance of equity or other financial interest in a client's product or invention in exchange for legal services? No Yes

If "NO," please explain the procedure or criteria for allowing the above:

7. What major industries or types of products comprise the firm's client base (note percentages)? Please choose from the following and advise of any others not listed:

- Aerospace _____ %
- Biotechnology _____ %
- Pharmaceutical _____ %
- Chemical _____ %
- Industrial Mfg. _____ %
- Computer/Software _____ %
- Other (please describe) _____ %

Total=100%

8. Please indicate the percentage of clients in the past year which fall into the following categories:

Companies with sales exceeding \$50 million	_____	%
Companies with sales exceeding \$25 million	_____	%
Companies with sales of up to \$25 million	_____	%
Partnerships and/or closely held companies	_____	%
Individual Inventors	_____	%
Other (please describe)	_____	%

Total=100%

9. Please provide a breakdown by billable hours of the types of services rendered in the past year from the following categories:

Domestic & Foreign Searches	_____	%
Domestic Patent Litigation	_____	%
Foreign Patent Litigation	_____	%
Domestic Patent Prosecution/Registration	_____	%
Foreign Patent Prosecution/Registration	_____	%
Domestic Intellectual Property Licensing/Contracts	_____	%
Foreign Intellectual Property Licensing/Contracts	_____	%
Trademark/Copyright	_____	%
Other (please describe)	_____	%

Total=100%

10. When performing legal services for a client relating to a foreign country does the firm associate with a firm in that foreign country to represent your client's interest abroad? No Yes

If "YES," what guidelines govern your selection of a foreign firm and how do you monitor and ensure that deadlines are met, etc.? _____

11. Do you require that the firm's clients acknowledge in writing the specific territories and countries in which the PTC filing is to be made? No Yes

If "No," explain: _____

12. Please indicate an estimate of the length of client affiliation for the firm's patent/trademark/copyright clients from the following categories:

Three years and longer:	_____	%
One to Three years:	_____	%
Six months to One Year:	_____	%
Less than Six months:	_____	%

Total=100%

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

Signature of Applicant/Title/Date

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PLAINTIFF LITIGATION ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

PLEASE COMPLETE THE FOLLOWING ONLY IF ACTING AS PLAINTIFF'S REPRESENTATIVE AS NOTED ON THE SUPPLEMENTAL APPLICATION.

1. Describe the types of cases handled with percentages for each, to total 100%:

Auto Related _____%	Medical Malpractice _____%
Admiralty _____%	Products Related Injury _____%
Aviation _____%	Toxic Tort _____%
Asbestos _____%	Sexual Harassment _____%
Bodily Injury _____%	Tobacco _____%
(non-medical malpractice)	Veterans Issues _____%
Breast Implant _____%	Workers Compensation _____%
Discrimination _____%	Wrongful Death _____%
General Liability _____%	Other (describe): _____

2. What is the Firm's average litigation case load per year? _____

3. What percentage of the Firm's litigation cases are settled before trial? _____%

4. What percentage of the Firm's litigation cases are tried to a verdict? _____%

5. What percentage of the Firm's litigation cases are handled on a contingency fee basis? _____%

6. What is the estimated average dollar size of judgments, awards and settlements \$ _____ in the litigation cases handled by the Firm?

7. What is the largest judgment, award or settlement in a litigation case achieved \$ _____ by the Firm in the past five years?

8. Does the firm take litigation case referrals from other law firms? No Yes
If "YES," please indicate the approximate number of cases and the types involved:

9. Does the firm refer cases to other law firms? No Yes
If "YES," please indicate the approximate number of cases and the type involved:

10. Has the firm been involved in any class action plaintiff cases within the past five years (yes/no)?
If "YES," please describe the type of case, the injury or loss involved and the number of plaintiff's involved:

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

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PROFESSIONAL INVESTMENT/FINANCIAL PLANNING ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

Professional investment/financial planning is a service in which the Professional assists the client with an investment portfolio.

1. SERVICES INCLUDE:

SERVICES	NO or YES	REMUNERSTION	
Preparing financial plan	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Recommending asset allocation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Recommending specific investments	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Make investment transaction on behalf of clients	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Business valuation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Assisting in buying/selling of real estate	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Make investment transactions on behalf of non-accounting clients	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Actively managing assets for your clients	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other

2. Does the firm currently or has it within the past five years:
- a. organized or sold tax shelters, real estate or investment syndicates or limited partnerships or any tax advantaged investments? No Yes
 - b. Acted as manager or general partner of any tax shelter, real estate or investment syndicate or limited partnership or tax advantaged investment? No Yes

If "YES" to (a) or (b) above, please explain:

3. If the firm makes investment transactions, please describe services:

4. Does your firm have a contractual relationship with a securities broker or dealer? No Yes

If "YES," name entity(ies), the relationship, the services provided, and whether or not you are insured under their errors and omissions policy.

5. Describe experience (or attach resume) including applicable CPE taken for key personnel providing these services:

6. What does the firm do to stay current in these services areas? _____

7. Are annual engagement letters used for this services? No Yes
If "YES," please attach a copy.

8. Are the services provided under the name of a different entity? No Yes

9. If you manage assets for a fee, what is the total current amount of assets under management? _____
a. What is the minimum amount of assets a client must maintain? _____
b. What if the average amount of assets your clients maintain? _____

10. If you manage assets for a fee, allocate the percentages in the following categories:
Stocks _____ % Options _____ %
Bonds _____ % Futures _____ %
REITS _____ % Other: _____ : _____ %

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PROFESSIONAL LICENSE ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

Firm Name: _____

Please complete one supplement for each individual.

1. Name of Individual: _____

2. Title in Firm: _____

3. License(s) held:

License	Active	Inactive	Disciplinary Action Taken During the Past 5 Years?	Separate Professional Liability Insurance	Policy Limit (if applicable)
Attorney			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Securities Broker/Dealer			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Registered Investment Advisor			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Real Estate			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Other (specify)			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Other (specify)			<input type="checkbox"/> No <input type="checkbox"/> Yes		

If "YES," please provide details to license(s) held:

If "YES," please provide the name of the companies you represent, copies of brochures or any material you use, and description of services provided to clients.

4. Describe the services provided and how they are separated from Professional Accounting Services



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TRUST

ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION

Firm Name: _____

Please provide the following regarding Trustee services. Complete separate supplement for each Trust. Note: Do not complete for nonfunded Trust. For these Trusts, in lieu of application, please provide a list of identifying the Trust and Trustee.

Part 1 – Trustee Information

1. Name of the Trust: _____

2. Name of Trustee: _____

3. Does the Trustee engage in any of the following activities? If so, please provide an explanation in the space provided on the reverse side of this supplement.

- a. Use the Trust funds to invest in entities in which the Trustee, Firm, or related individual or entity is involved. No Yes
- b. Employment by the Trust of persons or agents who are owners or employees of the firm or related to the Trustee or Firm. No Yes
- c. Use of Trust funds as loans to the Trustee, owners, or employees of the Firm or the Firm itself. No Yes

4. Firm's Services

Services	No or Yes	Provided by Trustee	Provided by Other Firm Member	Reviewed By	Position in the Firm
Bookkeeping	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Bill Paying	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Tax	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Other (describe):	<input type="checkbox"/> No <input type="checkbox"/> Yes				

5. The relationship prior to the Trusteeship:

<input type="checkbox"/> Family Member	<input type="checkbox"/> New Client
<input type="checkbox"/> Long Time Client	<input type="checkbox"/> No relationship prior to Trusteeship
<input type="checkbox"/> Other (describe)	

6. Fees for Trustee services are determined by:

- Trust Agreement Direct Billing to Trustor Other (describe): _____

7. Do Trustee fees inure to the benefit of the Trustee or to the Firm? _____

Part 2 – Trust Information

1. Please provide the following about the Trust:

Date Appointment Accepted	Assets of Trust	Annual Trust Income	Number of Trust Beneficiaries	Type of Trust

2. Is an accounting provided to all beneficiaries? No Yes

If "YES," how frequently? Monthly Quarterly Annually As Requested Other: _____

3. Does anyone else receive a copy of the accounting? No Yes

If "YES," who? _____

Part 3 – Responsibilities

1. Please list specific duties of the Trustee, or provide a copy of the Trustee duties section of the Trust document.

2. Does the Trustee delegate any Trustee duties to others? No Yes

If "YES," please describe the procedures in place to monitor the acts of others performing Trustee services.

Part 4 – Trust Investments

1. Please describe the extent of the Trustee's authority to invest funds and/or authorize loans:

2. Please describe the composition of the Trust investments:

Signature of Applicant/Title/Date
(Must be signed by a Principal, Partner or Officer of the Firm.)