



**RENEWAL APPLICATION FOR  
EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**THIS APPLICATION IS FOR "CLAIMS MADE AND REPORTED" INSURANCE.**

**NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

1. A) Name of Company: \_\_\_\_\_  
(Wherever used, Company shall mean the **Applicant**.)
- B) Address of principal office of the Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- C) State of incorporation: \_\_\_\_\_
- D) Total number of Employed Lawyers: \_\_\_\_\_
- E) Is any Employed Lawyer a member of the American Corporate Counsel Association (ACCA)?  
 Yes  No
- F) Please attach a separate page providing the following information for each Employed Lawyer to be insured, including: lawyer name, title, ACCA membership number (if applicable), year of admission to bar, principal area(s) of practice, and whether the lawyer is a director or officer of the Company.

**COMPANY INFORMATION**

2. Please attach a copy of the Company's latest annual report, SEC Form 10K, and most recent SEC Form 10Q, including audited financial statements with all notes and schedules, and any other relevant financial materials. If the Company has made a public offering of debt or equity within the past twelve (12) months, please attach prospectus(es).
3. Is the Company considering a public offering of debt or equity within the next eighteen (18) months?  
 Yes  No

If "Yes," please provide details and attach available prospectus(es).

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**LEGAL DEPARTMENT INFORMATION**

4. A) Please check all areas which account for more than five percent (5%) of the total work done by all Employed Lawyers and indicate the number of lawyers working in each area:

Collection/Repossession:	<input type="checkbox"/> _____	Litigation:	<input type="checkbox"/> _____
Contract Drafting/Review/Approval:	<input type="checkbox"/> _____	“Moonlighting” (representation of clients other than the Company):	<input type="checkbox"/> _____
Copyright/Patent/Trademark:	<input type="checkbox"/> _____	Other Regulatory Compliance:	<input type="checkbox"/> _____
Corporate Finance:	<input type="checkbox"/> _____	Pro Bono:	<input type="checkbox"/> _____
Corporate Transactional:	<input type="checkbox"/> _____	Real Estate:	<input type="checkbox"/> _____
Employment Law:	<input type="checkbox"/> _____	Securities:	<input type="checkbox"/> _____
Environmental Compliance:	<input type="checkbox"/> _____	Taxation:	<input type="checkbox"/> _____
ERISA:	<input type="checkbox"/> _____	Utility Regulation:	<input type="checkbox"/> _____
International Law:	<input type="checkbox"/> _____	Other:	<input type="checkbox"/> _____
Labor Relations:	<input type="checkbox"/> _____	Other:	<input type="checkbox"/> _____

B) Does any Employed Lawyer issue written legal opinions to or for the use of:

- i. The Board of Directors?  Yes  No
- ii. Entities other than the Company in which the Company has an equity or other interest?  Yes  No
- iii. Third Parties?  Yes  No
- iv. Other? \_\_\_\_\_  Yes  No

If “Yes” to any part of this question, please describe the types of opinions issued and the recipients thereof: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C) Does any Employed Lawyer prepare, review, comment on, or approve financial statements, proxy statements, prospectuses, registration statements, annual or quarterly reports, or other reports filed with federal or state agencies or released to shareholders or the public regarding the Company?  
 Yes  No

If “Yes,” please describe the role of Employed Lawyer(s) in such preparation, review, comment or approval: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D) Does any Employed Lawyer represent individual employees of the Company in judicial, administrative, or other proceedings?  
 Yes  No

If “Yes,” please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- E) Does any Employed Lawyer provide personal legal services to any director, officer, or employee of the Company in such director's, officer's, or employee's individual capacity?  
 Yes  No

If "Yes," please indicate:

i) The type of personal legal services provided: \_\_\_\_\_  
\_\_\_\_\_

ii) The percentage of the Employed Lawyer's time devoted to the provision of personal legal services: \_\_\_\_\_  
\_\_\_\_\_

5. Since the submission date of the last Application submitted to the Underwriter, have the Company's and/or the legal department's policies or procedures with regard to the following changed in any way:

A) Training of newly hired Employed Lawyers:  Yes  No

B) Continuing legal education for Employed Lawyers:  Yes  No

C) Circulation and updating of commonly used form documents within the legal department:  Yes  No

D) Litigation docket control within the legal department:  Yes  No

E) Preparation and approval of legal opinions to or for the use of entities other than the Company:  Yes  No

F) Employee hiring, termination, and promotion, and the investigation and reporting of employee complaints under any federal, state, or local antidiscrimination statutes or regulations:  Yes  No

If "Yes" to any of the above, please describe changes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVERAGE AND CLAIMS HISTORY

6. With regard to each Employed Lawyer hired by the Company since the submission date of the last Application submitted to the Underwriter, has he or she ever been the subject of a reprimand or disciplined by, or refused admission to, a bar association, court or administrative agency?  
 Yes  No

If "Yes," please provide the name of the Employed Lawyer and a brief explanation.  
\_\_\_\_\_  
\_\_\_\_\_

7. With regard to each Employed Lawyer hired by the Company since the submission date of the last Application submitted to the Underwriter, have any claims, suits, circumstances, allegations, or contentions been made against such Employed Lawyer within the past five (5) years arising out of his or her provision of legal services, whether or not such claims or suits arose out of work performed for the Company?  
 Yes  No

If "Yes," please complete a Claim Summary Supplement for each such claim or suit.

**NOTE: Information provided in response to Question 7 does not constitute notice of a claim or suit under any insurance policy. All such notices must be submitted in accordance with the policy.**

8. Does the Company carry directors and officers liability or other professional liability insurance?  
 Yes  No

If "Yes," please provide the following information with regard to all directors and officers and other professional liability insurance carried by the Company, and attach a copy of all notices of claims submitted to such insurers within the past three (3) years:

Type of Coverage:	_____	Type of Coverage:	_____
Carrier:	_____	Carrier:	_____
Limits:	_____	Limits:	_____
Deductible(s):	_____	Deductible(s):	_____
Policy Period:	_____	Policy Period:	_____
Premium:	_____	Premium:	_____
Retroactive Date:	_____	Retroactive Date:	_____
Number of Years Continuously Insured:	_____	Number of Years Continuously Insured:	_____

**COVERAGE REQUESTED**

9. Coverage and retention requested:  
 Same as expiring?  Yes  No

If "No," please indicate the coverage limits and retention requested on renewal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE TO APPLICANT - 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 THE STATEMENTS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS RENEWAL APPLICATION. SIGNING THE RENEWAL APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE "UNDERWRITER" IS THE INSURANCE COMPANY WHICH ISSUES A POLICY OF INSURANCE TO THE APPLICANT IN RELIANCE ON THIS APPLICATION. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THE COMPLETE APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION DOES NOT CONSTITUTE NOTICE OF A CLAIM OR NOTICE OF A POTENTIAL CLAIM. ALL SUCH NOTICES MUST BE SUBMITTED IN ACCORDANCE WITH THE POLICY.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT (I) THE POLICY SHALL APPLY ONLY TO "CLAIMS" MADE (OR DEEMED MADE) AND REPORTED TO THE UNDERWRITER DURING THE "POLICY PERIOD" OR TO "CLAIMS" MADE AND REPORTED TO THE UNDERWRITER DURING ANY APPLICABLE "DISCOVERY PERIOD"; (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COST OF DEFENSE AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR THE COSTS OF DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR AMOUNT EXCEEDS THE LIMIT OF LIABILITY IN THIS POLICY; AND (III) THE DEFENSE COSTS THAT ARE INCURRED SHALL 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>Authorized Agent</i> ):	TITLE:	DATE:

**NOTE:** This Application must be signed by the undersigned authorized agent of the **Applicant** on behalf 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:	

SUBMITTED BY ( <i>Firm</i> ):	TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS ( <i>No., Street, City, State, and ZIP</i> ):		

**EXECUTIVE RISK MANAGEMENT ASSOCIATES  
EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE  
CLAIM SUMMARY SUPPLEMENT**

Name of **Applicant**: \_\_\_\_\_

This document is part of the Renewal Application for Employed Lawyers Professional Liability Insurance.

Instructions: This form is to be completed if any Employed Lawyer hired by the Company since the submission date of the last Application submitted to the Underwriter has been involved in any claim, suit, circumstance, allegation, or contention as indicated by a "Yes" answer to Question 7. Please complete one Claim Summary Supplement for each claim, suit, circumstance, allegation, or contention. Use separate sheets if necessary to provide complete responses.

1. Full name of individual lawyer(s) involved in claim, suit, circumstance, allegation, or contention:  
\_\_\_\_\_  
\_\_\_\_\_
2. Name of claimant(s): \_\_\_\_\_  
\_\_\_\_\_
3. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_
4. Date of alleged error or misconduct: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. To what insurance company was this claim, suit, circumstance, allegation, or contention reported?  
\_\_\_\_\_
6. Date of report to insurance company: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Description of claim, suit, circumstance, allegation, or contention and current status. If claim, suit, circumstance, allegation, or contention has been resolved, provide total defense costs, settlement(s), or judgment(s) incurred (including amounts within any self-insured retention). (Please attach additional sheets if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that information submitted herein becomes part of the **Applicant's** Renewal Application for Employed Lawyers Professional Liability Insurance and is subject to the representations and conditions set forth therein. I also understand that there will be no coverage afforded under the proposed insurance for any matter(s) listed in response to this supplement.

Authorized Agent \_\_\_\_\_ Title/Capacity \_\_\_\_\_  
(Please print name) \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_