



# Branch Office/ Affiliate Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

1. Please list the addresses of all branch offices and the dates the branch offices were established:

Address of Branch Office

Date Established

a) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate the total number of personnel by location (match branch office personnel with the branch office(s) listed in question 1).

|                             | Principal Office | Branch Office (a) | Branch Office (b) |
|-----------------------------|------------------|-------------------|-------------------|
| <b>Partners or Officers</b> | _____            | _____             | _____             |
| <b>Associates</b>           | _____            | _____             | _____             |
| <b>Of Counsel</b>           | _____            | _____             | _____             |
| <b>Staff</b>                | _____            | _____             | _____             |

3. Has the firm closed a branch office or had a group departure of 5 or more lawyers during the past five years?

Yes  No If yes, please provide full details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the firm is a member of a network of affiliates or a consortium?  Yes  No. If yes, please provide the name of the network/consortium and provide a detail description of the affiliation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my application.

\_\_\_\_\_  
*Signature of Applicant*

(Must be signed by Managing Partner or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*



# Entertainment Supplement

(Including Sports and Show Business)

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

1. For each attorney providing professional services in the entertainment area of practice, please provide the following information:

| Name of Attorney | Experience (Yrs.) | Amount of time (%) Devoted to Entertainment Work |
|------------------|-------------------|--------------------------------------------------|
| _____            | _____             | _____                                            |
| _____            | _____             | _____                                            |
| _____            | _____             | _____                                            |

2. Please identify clients for whom such professional services are provided, nature of services, and number of years of representation:

- |                           |                                      |
|---------------------------|--------------------------------------|
| *L= Strictly Legal Advice | N = Employment Contract Negotiation  |
| F= Financial Advice       | E = Endorsement Contract Negotiation |
| M= Financial Management   | C = Contract Negotiation -           |
| O= Other (Explain)        | Non-employment and                   |
|                           | Non-endorsement                      |

| Name of Client | *Nature of Services | No. of Years of Representation |
|----------------|---------------------|--------------------------------|
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |

3. a. Has any attorney in the firm provided Financial Advice or Financial Management services to any client in the past five years?  Yes  No

b. Does the firm plan to do so in the future?  Yes  No

If yes to a. or b. above, please explain fully. \_\_\_\_\_

4. Does firm or any of its members receive any remuneration whatsoever other than legal fees (including but not limited to shares, share in future profits, endorsement percentages, etc.)?  Yes  No

If yes, please explain fully. \_\_\_\_\_

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
Signature of Applicant  
(Must be signed by Managing Partner or Officer of the Firm)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Financial Institutions Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

**Complete, if applicable, for activities performed within the last five years.**

- Has any member of the firm performed services for any institution that has been declared insolvent or has operated under regulatory direction or pursuant to regulatory agreement?  Yes  No
- Does the firm have a policy prohibiting the introduction of clients of the firm to client financial institutions as prospective borrowers and/or the subsequent representation of both borrower and lender?  Yes  No
- Please identify all client financial institutions and provide the following information regarding the services performed. **(Complete one form for each institution represented.)**

Name of Institution: \_\_\_\_\_

Location(s): \_\_\_\_\_

4. Please indicate services provided

- |                                                               |                                                           |
|---------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Bankruptcy                           | <input type="checkbox"/> Corporate Formation/Alteration   |
| <input type="checkbox"/> Collection/Foreclosure               | <input type="checkbox"/> Securities                       |
| <input type="checkbox"/> Environmental                        | <input type="checkbox"/> Investment Counseling/Money Mgmt |
| <input type="checkbox"/> ERISA /Employee Benefits             | <input type="checkbox"/> Bank Regulatory                  |
| <input type="checkbox"/> Estate Planning/Trusts/Wills/Probate | <input type="checkbox"/> Loan Procedures                  |
| <input type="checkbox"/> Litigation                           | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Real Estate                          |                                                           |

5. Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

6. Has any current or former member of the firm:

- Had a loan commitment with this institution?  Yes  No
- Held stock or other financial interest?  Yes  No
- If yes, advise the % of shares or \$ value: \_\_\_\_\_
- Served as a director or officer?  Yes  No
- If so, are you covered under an indemnification agreement or D & O Insurance?  Yes  No
- Been a member of any internal committees, i.e., executive committee, audit committee or policy making committee?  Yes  No
- (If yes, please describe below or on a separate addendum.)
- Is any lawyer involved in the approval of loans?  Yes  No
- Participated in the institution's response to regulatory reports or examinations?  Yes  No
- Rendered advice on regulatory issues?  Yes  No
- (If yes, please describe below or on a separate addendum.)
- Provided legal services as "Counsel" or "General Counsel"?  Yes  No
- If yes, please describe: \_\_\_\_\_

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant* *Title*  
(Must be signed by a Managing Partner, or Officer of the Firm)

\_\_\_\_\_  
*Date*



# Oil and Gas Supplement

## Lawyers Professional Liability Insurance

**NAME OF APPLICANT:** \_\_\_\_\_

1. Provide the following information in respect to work undertaken in the field of oil and gas in the last five years.

| Name of Attorney | Years Experience | % of Time Devoted Per Year |
|------------------|------------------|----------------------------|
| _____            | _____            | _____                      |
| _____            | _____            | _____                      |
| _____            | _____            | _____                      |
| _____            | _____            | _____                      |

2. Provide a list of the firm's oil and gas clients

| Name of Client | Type of Business | Type of Client | Gross Billable Dollars |
|----------------|------------------|----------------|------------------------|
| _____          | _____            | _____          | _____                  |
| _____          | _____            | _____          | _____                  |
| _____          | _____            | _____          | _____                  |
| _____          | _____            | _____          | _____                  |

*(e.g., private owner, corporation, multi-investor, etc.)*

3. Does any member of the firm provide services in the areas of oil and gas in which they have any ownership interest?  Yes  No  
If "yes", provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are title searches performed in conjunction with oil and gas and related areas of practice?  Yes  No  
If "yes", what percentage? \_\_\_\_\_

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant*  
(Must be signed by a Managing Partner, or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*



# Plaintiff Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

- 1. Do you advertise your services on television or the radio? *If yes, please attach scripts or the advertisement or provide an explanation of the specific nature of the advertisement.* Yes  No
- 2. What is the average number of years experience in this area of practice for the attorneys in your firm? \_\_\_\_\_
- 3. What is the average case load per attorney on an annual basis? \_\_\_\_\_
- 4. What is the estimated average dollar value of cases handled by the firm? \_\_\_\_\_
- 5. What percentage of cases are referred to you by other law firms? \_\_\_\_\_%
- 6. Do you use written referral agreements in all cases that are referred to you? Yes  No
- 7. Do you use written referral agreements in all cases that are referred by you to other law firms? Yes  No

8. What percentage of your plaintiff cases are:

- |                         |        |                     |        |
|-------------------------|--------|---------------------|--------|
| *Class Action/Mass Tort | _____% | Legal Malpractice   | _____% |
| Automobile Accident     | _____% | Medical Malpractice | _____% |
| Product Liability       | _____% | Slip & Fall         | _____% |
| Other                   | _____% |                     |        |

(describe) \_\_\_\_\_

\*9. Please explain the types of class action cases handled in the past three (3) years; provide the number of such cases, the number of clients in each case, overall case value, status, nature or cause of action of each case as well as the firm's experience in class action representation.

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I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date*  
 (Must be signed by a Managing Partner, or Officer, of the Firm)



# Claim Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

### INSTRUCTIONS

- A. This form is to be completed by the Applicant who has been involved in any claim, suit, or incident that may give rise to a claim or suit. **(One form is necessary for each claim.)**
- B. Please type or print.
- C. If space is not sufficient to answer any questions fully, please attach separate sheet.
- D. Answer each question completely. Do not leave anything blank.

1. Full name of attorney(s) and the firm involved in the claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any additional defendants:

\_\_\_\_\_

\_\_\_\_\_

3. Full name of claimant(s) or potential claimant: \_\_\_\_\_

4. Date of alleged error: \_\_\_\_\_

Date of claim: \_\_\_\_\_

Date reported to the insurance company: \_\_\_\_\_

To what insurance company did you report this matter \_\_\_\_\_

5. Is this an:  Incident  Claim  Suit  Disciplinary Complaint

6. STATUS:  Open  Closed

If open:

Claim demand \$ \_\_\_\_\_

Settlement offer \$ \_\_\_\_\_

Insurer's reserve \$ \_\_\_\_\_

If closed: Date: \_\_\_\_\_ Total Damages Paid: \$\_\_\_\_\_ Total Expenses Paid: \$\_\_\_\_\_

Manner of Settlement:  Out of Court  Arbitration/Mediation  Dismissed with Prejudice  
 Dismissed without Prejudice  Other \_\_\_\_\_

7. Description of the representation and the alleged act, error or omission upon which a claim is/could be based. Please provide enough information to allow a clear understanding of the matter.

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8. Was this the result of an attempt to collect fees?  Yes  No

9. What procedures have been implemented to prevent/deter a recurrence of a similar claim or incident?

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I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant*  
(Must be signed by a Managing Partner, or Officer of the Firm.)

\_\_\_\_\_  
*Date*



# Environmental Practice Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

1. Please describe the type of work undertaken by the firm in their environmental area of practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                                                                  |                                                          |
|----------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. Does the firm use any independent contractors? If yes, how are they utilized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                  |                                                          |
|                                                                                  |                                                          |

3. Please provide the following information for the firm's five (5) largest (in gross billable dollars) environmental clients during the past five (5) years.

| Name of Client | *Nature of Services | No. of Years of Representation |
|----------------|---------------------|--------------------------------|
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |
| _____          | _____               | _____                          |

\*Services Provided:

- C = Contract Negotiations
- E = Environmental Audits
- O = Other (Please explain)
- I = Investigation
- FO = Formal Opinions
- LI = Litigation

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my application.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

(Must be signed by Managing Partner or Officer of the Firm)



# New Attorney Supplement

## Lawyers Professional Liability Insurance

**INSTRUCTIONS:**

- A. This form is to be completed for *each* attorney who has joined the firm during the policy period.
- B. If additional space is needed to answer any question fully, please attach a separate sheet.

Name of Firm: \_\_\_\_\_

The following information must be completed for each attorney joining the firm.

| Attorney's Name | Date of Birth | Month and Year Admitted to Bar (List State Bar) | *Years in Private Practice | Primary Area of Practice (PAP) | % of Attorneys Billings from PAP | Location of Practice (State) | Month & Year Joined This Firm |
|-----------------|---------------|-------------------------------------------------|----------------------------|--------------------------------|----------------------------------|------------------------------|-------------------------------|
|                 |               |                                                 |                            |                                |                                  |                              |                               |

1. Provide a copy of the attorney's resume. Attached
2. If the information is not part of the attorney's resume, please attach a narrative description detailing all areas of law in which the attorney has practiced during the past five years. Attached
3. If the attorney listed above is "of counsel" to the firm, please complete the following:
  - a. Is separate Lawyers Professional Liability coverage maintained?  Yes  No
  - b. Does the attorney have a separate practice or represent clients outside of the firm?  Yes  No
4. In the past five years, has the attorney ever been the subject of a professional liability claim or suit? ***If yes, please complete a Claim Supplement for each claim or incident.***  Yes  No
5. Does the attorney know of any incident, circumstances, acts, errors, omissions or personal injury that could result in a professional liability claim against the attorney? ***If yes, please complete a Claim Supplement for each claim or incident.***  Yes  No
6. Has any insurance carrier ever canceled or refused to renew any professional liability policy for the attorney? ***If yes, please provide details on a separate addendum.***  Yes  No
7. Has the attorney ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? ***If yes, please provide details on a separate addendum.***  Yes  No
8. Has the attorney had a disciplinary complaint made to any court, administrative agency, or regulatory body in the past 5 years? ***If yes, please provide details on a separate addendum.***  Yes  No
9. Does the attorney serve as an outside director or officer, and have any ownership interest in a business of a client. ***If yes, please complete an outside interest supplement.***  Yes  No

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant*  
(Must be signed by a Managing Partner, or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*









**PREDECESSOR FIRM SUPPLEMENT**

List any subsidiary, predecessor, acquired or merged firms for which coverage is requested:

| Name of Firm: | Date of Formation or Transaction: | # of professional staff that joined <b>you:</b> | % of firm annual billings assigned to <b>you:</b> |
|---------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------|
|               |                                   |                                                 |                                                   |
|               |                                   |                                                 |                                                   |
|               |                                   |                                                 |                                                   |
|               |                                   |                                                 |                                                   |
|               |                                   |                                                 |                                                   |
|               |                                   |                                                 |                                                   |

Please Note that Section III DEFINITIONS defines a **Predecessor Firm** as such:

Whenever used in this Policy:

- O. **Predecessor Firm** means the lawyer(s) or **Entity(ies)** identified in the Application as a **Predecessor Firm** and to whose financial assets and liabilities the **Firm** named in Item 1 of the Declarations is the majority successor in interest.
- F. **Entity** means any individual, partnership, or corporation other than the **Firm**.
- I. **Firm** means the individual, partnership or corporation engaged in the practice of Law under the name stated in Item 1 of the Declarations and its **Predecessor Firms**, if any.



Section 3(a) (11) and/or Rule 147 of the Securities Act?

Yes  No

If yes, were any such offers and sales made to the public pursuant to any form or registration or qualification or similar filing under State Securities Laws?

Yes  No

If yes, were disclosure documents used in connection with all Section 3(a) (11) offerings?

Yes  No

d. Offer or sale of securities in reliance upon exemption from registration under Section 4(2) (exclusive of Rule 506)?

Yes  No

If yes, were disclosure documents used in connection with all Section 4(2) offerings with an aggregate price of \$100,000 or more?

Yes  No

2. Has applicant provided representation in connection with any tender offer or exchange offer?

Yes  No

3. Has applicant advised any client with respect to a tender offer made or proposed to be made involving any entity whose management opposed or opposes such offer?

Yes  No

4. Has applicant provided legal services in connection with any proxy contest involving a Public Company?

Yes  No

5. Was applicant's client in connection with any such contest a person or entity opposing director nominees of the Public Company or its management?

Yes  No

**SECTION C. - EXPERIENCE**

List the names, years of experience in private securities law practice and approximate number of hours devoted to such activities during the past 12 months. Indicate also whether such persons have been employed by the Securities Exchange Commission ("SEC") or any state securities regulatory agency and number of months so employed.

| Name  | Securities Law Experience (years) | Hours Last 12 Months | Regulatory Agency Employed (if any) | Months Employed |
|-------|-----------------------------------|----------------------|-------------------------------------|-----------------|
| _____ | _____                             | _____                | _____                               | _____           |
| _____ | _____                             | _____                | _____                               | _____           |
| _____ | _____                             | _____                | _____                               | _____           |
| _____ | _____                             | _____                | _____                               | _____           |

**SECTION D. - RISK MANAGEMENT**

1. Does applicant have a procedure for evaluating a client seeking securities advice relevant to a proposed transaction or offering to determine the client's financial strength, management expertise, reputation, nature of business, and history of changing securities attorneys and/or accountants?

Yes  No

If yes, is this procedure in writing?

Yes  No

2. Does applicant have a policy prohibiting any arrangement where a securities client pays for applicant's services with client securities?

Yes  No

If yes, is this a written policy?

Yes  No

3. Does applicant have a policy prohibiting the acceptance of securities work on a "contingent on closing" payment basis?

Yes  No

If yes, is this a written policy?

Yes  No

4. Does applicant have a policy that prohibits its attorneys and staff from participating in the securities selling process (such as marketing meetings or calls involving prospective investors)?

Yes  No

If yes, is this a written policy?

Yes  No

5. Does applicant have a procedure requiring back-up "cold review" of every offering, memorandum or circular by an experienced securities attorney who is not associated with the drafting the documents?

Yes  No

If yes, is this procedure in writing?

Yes  No

6. Does the applicant have a procedure requiring at least one securities attorney not working on the transaction to review and approve all legal opinions to be furnished in the transactions?

Yes  No

If yes, is this procedure in writing?

Yes  No

7. Does applicant have a procedure requiring the preservation of written records of the factual source and verification made by the applicant's attorneys in connection with disclosure documentation preparation?  Yes  No  
If yes, is this procedure in writing?  Yes  No
8. Does applicant have a procedure requiring an experienced securities attorney to interview the client's directors, executive officers and principals in connection with disclosure document preparation and review?  Yes  No  
If yes, is this procedure in writing?  Yes  No
9. Does applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than immaterial amendments)?  Yes  No  
If yes, is this procedure in writing?  Yes  No
10. Does applicant have a procedure precluding the use of the applicant's name in disclosure documents other than as having passed on specified legal matters?  Yes  No  
If yes, is this procedure in writing?  Yes  No
11. Does applicant have a policy prohibiting all trading and investing in client securities?  Yes  No  
If yes, is this policy in writing?  Yes  No
12. Does applicant require disclosure by its securities attorneys of all securities investments in clients of the firm?  Yes  No  
If yes, is this policy in writing?  Yes  No
13. Does applicant have a policy prohibiting a securities attorney with an investment in a client or who is serving as a director, officer or general partner of a securities client from working on a securities transaction?  Yes  No  
If yes, is this policy in writing?  Yes  No
14. Does applicant participate in either the preparation or review of pro forma financial statements or financial projections?  Yes  No
15. Who handles tax issues relating to the securities work performed by applicant firm?

| Name  | CLE Tax Courses<br>Past 12 Months | Hours of Tax Work Past<br>12 Months | Tax Experience<br>(# of years) |
|-------|-----------------------------------|-------------------------------------|--------------------------------|
| _____ | _____                             | _____                               | _____                          |

16. If outside counsel is used on tax work, does applicant require evidence of professional liability insurance?  Yes  No
17. Has applicant or any of its members ever been named, or does applicant or any of its members have knowledge of any facts which would indicate that applicant or any of its members may be named, as a party to or the subject of:
- a. a formal or informal investigation, or any administrative action, undertaken or conducted by the SEC or any state agency regulating securities?  Yes  No
- b. any legal action brought under the Securities Act, the Securities Exchange Act or any state statute regulating the offering or sale of securities?  Yes  No
- If yes to a. or b. above, provide all relevant information concerning each investigation or action by separate attachment.

**SECTION E. - OTHER SECURITIES RELATED LEGAL SERVICES**

Complete the information below for all other securities-related legal services provided to clients not set forth in Sections A, and B. on the previous pages.

| Client Name | Date(s) of Service | Description of Legal Services |
|-------------|--------------------|-------------------------------|
|             |                    |                               |
|             |                    |                               |
|             |                    |                               |
|             |                    |                               |
|             |                    |                               |

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant*  
 (Must be signed by a Managing Partner, or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*