



Great American Insurance Companies? Legal Professional Liability Insurance Renewal Application

Firm: _____ Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____ Policy Number: _____

1. a. Number of:
 _____ Attorneys _____ Of Counsel _____ Independent Contractors _____ Law Clerks
 _____ Clerical _____ Paralegals _____ Legal Secretaries _____ Other _____
 b. If applicable, please request and complete the Of Counsel/Independent contractor Supplement.
 c. Please attach a copy of the firm's letterhead listing each attorney and their date of hire.

2. a. *What is the expiration date of your current policy?* _____
 b. Limits desired this year: _____ Deductibles desired this year: _____

3. What is your estimated gross income for the past 12 months? _____

4. a. Has your firm, by merger or acquisition, assumed the liabilities of any lawyer(s) or law firm(s) in the last 12 months? Yes No
If yes, please give full details. _____
 b. How many attorneys have left your firm in the last 12 months? _____
 c. How many attorneys have joined your firm in the last 12 months? _____

5. a. Do you share office space with other attorneys or law firms? Yes No
 b. If you share office space with other attorneys or law firms, do you also share letterhead and or cases? Yes No
If yes, please provide a detailed narrative.

6. a. **PRACTICE PROFILE**

_____ *Residential Real Estate _____ *Commercial Real Estate _____ Syndication/Limited Partnerships _____ *Securities/Bonds _____ Taxation _____ Corporate/Commercial Litigation _____ Criminal _____ *Personal Injury-Plaintiff _____ Personal Injury-Defense _____ Bankruptcy _____ *Financial Institutions/Banking	_____ Workers' Compensation-Plaintiff _____ Workers' Compensation-Defense _____ *Entertainment _____ Environmental _____ Estates/Trusts/Wills _____ Business/Formation/Alteration/General _____ *Copyright/Patent/Trademark _____ Domestic Relations _____ Labor/Management/Union _____ Other _____ _____ Other _____
---	---

*If you have indicated a PERCENTAGE of your practice in the referenced fields, please call your company representative for a Supplement. **PERCENTAGES of billings given for each practice must equal 100%.

b. Are the practice categories completed above anticipated to change by more than 10% during the next 12 months? Yes No
If yes, please provide a detailed narrative on the anticipated change(s).

RISK MANAGEMENT SYSTEMS

7. a. How many independent docket controls are maintained by the firm? _____
 b. Are they maintained and cross-referenced by different individuals? Yes No
 Single Calendar Dual Calendars Tickler Computer Other _____

8. Does your firm have a system for detecting and avoiding conflicts of interest? Yes No
 Index Computer _____ (program name) Other _____

9. Please check all client communications which your firm uses as a matter of procedure.
- | | | |
|---|---|--|
| <input type="checkbox"/> Engagements/Fee Agreements | <input type="checkbox"/> Non-Representation | <input type="checkbox"/> Monthly Billing/Contingency Fee |
| <input type="checkbox"/> Periodic File Status Updates | <input type="checkbox"/> Conflict Waivers | <input type="checkbox"/> Termination of Services |
10. Please attach a copy of the firm's letterhead with each attorney's CLE attendance at a Great American seminar or a seminar emphasizing Risk Management, Malpractice Prevention and/or Ethics within the last 12 months.
11. How many suits for fees (against clients) have been filed by, or on the behalf of the firm, during the past 12 months? _____

OUTSIDE EXPOSURES

12. Do (or have) any past or present members of your firm suffer(ed) from any impairment that would affect their professional ability to be competent, prompt, diligent, thorough, prepared and fit? Yes No
13. Has your firm or anyone in your firm, in the past 12 months represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? Yes No
If yes, please call your sales representative for the Securities/Bonds Supplement.
14. Do any attorneys serve, or have they served as a Director, Officer, Trustee, Partner, Employee, Shareholder of any client of the firm which has not been previously disclosed? Yes No
15. a. Do any attorneys serve, or have they served as a Director, Officer, Trustee, Partner or Employee of any Financial Institution which has not been previously disclosed? Yes No
b. During the last 12 months, through the present date, has your firm, or anyone affiliated with your firm, provided legal services for any Financial Institution? Yes No
If yes, please call your sales representative for a Financial Institution Supplement.
16. a. How many claims, including disciplinary matters, have been made against your firm, or any present or past partners, employees or "of counsel" in the last 12 months that have not already been reported in writing, to Great American Insurance? _____
b. How many incidents, circumstances, errors, omission or offenses which may result in a claim being made against your firm or any individual for this insurance, are you now aware of? _____

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this Application:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Named Insured and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Signature of Authorized Firm Representative

Title

Date