



THE HARTFORD

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE (CLAIMS MADE BASIS) SHORT FORM - RENEWAL

Producer Name, Address, Telephone Number and License Number:

Instructions: This form has been designed to make the renewal process as easy as possible for your firm. Where the answer is "yes" please provide full details of the change on a separate sheet (unless the question provides special instructions).

1. Name of Firm: _____

2. Principal Address: _____

3. Since your last renewal, have you opened or closed any offices? Yes No (If "yes" provide details on a separate sheet)
4. Please attach a list of all attorneys currently with the firm named in Question #1. Is list attached? Yes No
5. Since your last renewal, have you merged with any firm, acquired control of any firm or changed your business structure or location? Yes No (If "yes" provide details on a separate sheet)
6. In respect to the type of work undertaken (Question 8 of the application attached to your original policy with The Hartford) is there any change of more than 5% in the areas of practice? Yes No (If "yes" provide details on a separate sheet)
7. Since your last renewal, has any attorney of the firm performed legal services for any financial institution that was not previously reported to The Hartford? Yes No (If "yes" complete Appendix 10)
8. Since your last renewal, has any attorney of the firm performed any securities work? Yes No (If "yes" complete Appendix 1)
9. Since your last renewal, has any attorney of the firm become a Director, Officer, Shareholder or increased their equity interest of any client? Yes No (If "yes" provide details on a separate sheet)

10. Since your last renewal, has any attorney of the firm been reprimanded, been subject to disciplinary action, refused admission to the Bar or convicted of a felony? Yes No (If "yes" provide details on a separate sheet)
11. Since your last renewal, have there been any changes in the status of any previously reported claims or incidents? Yes No (If "yes" complete Appendix 11)
12. Since your last renewal, have any new suits or claims been made against any attorney or the firm? Yes No
(If "yes" complete Appendix 12)
13. Has any attorney knowledge of any circumstances, acts, or omissions which could reasonably be expected to result in a claim being brought for professional negligence? Yes No (If "yes" complete Appendix 11)
14. Since your last renewal, have there been any changes in the firm's docket control system? Yes No (If "yes" provide details on a separate sheet)
15. Since your last renewal, has the firm commenced any suits for the collection of fees? Yes No
(If "yes" provide details on a separate sheet)
16. Since your last renewal, have there been any changes in the firm's conflict of interest system? Yes No
(If "yes" provide details on a separate sheet)

I represent that the information contained herein is true and that no information has been omitted or misrepresented. I understand that this information together with the information provided on the original application dated _____ shall be the basis of the continuance of the Policy of Insurance and deemed incorporated therein. The firm has made specific inquiry of all attorneys in the firm as to their knowledge of any matters which could result in a claim against the firm in the future. All attorneys have responded in the negative to such inquiry or where any attorneys have responded other than in the negative, the matters identified by such attorneys have been reported to the company.

The firm understands and accepts that the policy provides coverage on "claims made" basis and that the coverage ceases with the termination of the Policy, unless the Extended Reporting Period Endorsement is purchased. The firm agrees that in the event of covered losses we will be defended by the Company's appointed attorneys. If the firm elects to handle a Claim without in any way involving the Company's attorney, then no coverage for such Claim shall be afforded under this policy.

ARKANSAS 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 FINES AND CONFINEMENT IN PRISON.

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 F REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS:" IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

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.

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.

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.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

OKLAHOMA APPLICANTS: WARNING: 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.

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.

Authorized Signature

Date

Capacity