

☐ New Business ☐ Renewal of Policy No. _____ Desired Effective Date (Annual Term Only) _____

Table with 2 columns: UNDERWRITTEN BY (St. Paul Fire and Marine Insurance Company), NOTICE (This is an application for a "Claims-Made" Policy...), AGENT INFORMATION (Soliciting or Producing Licensee Name, State License Number)

APPLICANT INFORMATION
(ATTACH A COPY OF YOUR LETTERHEAD)

1. Name of Applicant Firm: _____ Date Established _____

2. Address (Street, City/County, State, Zip Code): _____

3. Are there other office locations? If yes, please list on a separate sheet and provide breakdown of lawyers and staff by location
☐ Yes ☐ No

Contact Person _____ Telephone No. () _____ Facsimile No. () _____

4. Applicant is a/an: ☐ Ltd. Liability Partnership ☐ Professional Corporation ☐ Professional Association
☐ Partnership ☐ Ltd. Liability Company ☐ Individual ☐ Other: _____

5. Desired limit of insurance "each wrongful act"/ "total limit"
☐ \$250,000/\$250,000 ☐ \$500,000/\$1,000,000 ☐ \$2,000,000/\$2,000,000 ☐ \$4,000,000/\$4,000,000
☐ \$250,000/\$500,000 ☐ \$1,000,000/\$1,000,000 ☐ \$2,000,000/\$4,000,000 ☐ \$5,000,000/\$5,000,000
☐ \$500,000/\$500,000 ☐ \$1,000,000/\$2,000,000 ☐ \$3,000,000/\$3,000,000 ☐ Other: _____
Do you desire Additional Limits for Defense Expenses? ☐ Yes ☐ No

6. Please check the desired deductible option(s):
a. ☐ Per claim deductible applicable to loss and loss expense
b. ☐ Per claim deductible applicable to loss only
c. ☐ Annual aggregate deductible
Check the desired deductible amount:
☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ Other \$ _____

STAFFING/AREAS OF PRACTICE

7. a. Does the Applicant share office space with other lawyers? ☐ Yes ☐ No
If yes, attach list of the other lawyers' names and their professional liability carriers and limits

b. If yes, check all boxes below that describe the relationship between the Applicant firm and the office-sharing lawyer(s):
☐ Files are shared ☐ Secretarial/support staff are shared ☐ Serve as back-up support
☐ Letterhead is shared ☐ Totally autonomous, and presented as independent practices to the public

8. Are any of the Applicant's lawyers also employees of any organization other than the Applicant? ☐ Yes ☐ No
If yes, please explain: _____

9. Do any of the Applicant's lawyers act as director, officer or trustee for or exercise any form of managerial or fiduciary control over any business enterprise that is a past or present client of the Applicant? ☐ Yes ☐ No
If yes, complete the Schedule of Outside Interests Section.

10. Do any of the Applicant's lawyers own, manage, have financial control over, or equity interest in any business enterprise that is a past or present client of the Applicant? ☐ Yes ☐ No
If yes, complete the Schedule of Outside Interests Section.

11. Total number of lawyers currently with the Applicant Firm: _____ Prior year: _____

Please complete the SCHEDULE OF LAWYERS on page 4 for all lawyers and staff currently with the firm.

The following two questions ask the Applicant to define the areas of practice of the firm; the combined Total for 12a. and b. must equal 100%.

12. a. **Areas of Practice - Defense**

Estimate the **percent of the Applicant's billable hours** derived from the following **defense** types of practice:
Only percentages indicated in this grid apply toward your eligibility requirement for coverage in the DRI Insurance Program.

Admiralty Defense		Personal Injury/Property Damage Defense	
Commercial Litigation-Defense		Product Liability Defense	
Criminal Defense		Professional Liability Defense	
Employment Law - Management Defense		Workers Compensation Defense	
Environmental Defense		Other:* (specify)	
Insurance Defense			
Labor Law - Management Defense		TOTAL DEFENSE PRACTICE:	

b. **Areas of Practice - Other Than Defense**

Estimate the **percent of the Applicant's billable hours** derived from the following types of practice **other than defense**:
Percentages indicated in this grid do not apply toward your eligibility requirement for coverage in the DRI Insurance Program.

Admiralty Law		Immigration Law	
Bankruptcy/Creditors' Rights		Intellectual Property	
Bonds/Public Finance+		International Business	
Business Taxation		Labor Law - Union Representation	
Commercial Litigation		Plaintiff Personal Injury/Property Damage	
Corporate Law/Business Organization		Plaintiff Product Liability	
Criminal Law		Probate, Estate Planning & Trusts	
Domestic Relations/Family Law		Real Estate - Commercial/Residential	
Employment Law - Plaintiff		Securities & Venture Finance +	
Environmental Law		Other: (specify)	
Federal, State & Local Government			
Financial Institutions *		TOTAL OTHER-THAN-DEFENSE PRACTICE	

Total 12a. & b. 100%

* If practice is indicated, complete the Financial Institution Information Section.
 + If practice is indicated, complete The St. Paul Securities and/or Bond Supplement.

ADMINISTRATIVE SYSTEMS AND PROCEDURES

13. Is it the Applicant's standard procedure to clear a new client or new matter for potential conflicts of interest before commencing legal work?..... Yes No
14. Describe the system the Applicant uses for checking potential conflicts of interest between clients.
Check all the boxes below that apply:
 Oral/Memory Single Index Files Multiple Index Files
 Circulation of memos or electronic mail transmissions Computerized System
15. Is it the Applicant's standard procedure to use a new client/new matter screening checklist or memorandum for each new client or new matter accepted before commencing legal work?..... Yes No
16. Is the acceptance of a new client subject to the approval of a committee or manager other than the lawyer generating the business? Yes No
17. a. Check all of the following client communications that are used as standard procedure by the Applicant:
 Engagement Letters Declination/non-representation Letters
 Disengagement/termination Letters Fee/Retainer Agreements
 b. The above are part of a written policy Yes No
 and are always used for: New Clients New Matters/Existing Clients
18. Describe the system the Applicant uses for recording and retrieving important dates and deadlines by checking all of the following:
 a. Each lawyer maintains his or her own calendar. Yes No
 b. Each secretary maintains a calendar separate from the lawyer's calendar. Yes No
 c. Each work department within the applicant firm keeps its own calendar..... Yes No
 d. A non-centralized, computer calendar system is used..... Yes No
 e. A central or master calendar is kept for the entire office..... Yes No
 f. The central or master calendar is computerized. Yes No
19. Does the Applicant require the use of the docket/calendar control system for:
 a. Litigated items..... Yes No
 b. Non-litigated items (e.g., closing dates, tax filing deadlines) Yes No

PRIOR INCIDENTS AND LOSS EXPERIENCE

20. Have any of the Applicant's owners, partners or employees ever been refused admission to practice, disbarred, suspended or reprimanded by any court, administrative agency or regulatory entity, whether or not on a confidential basis? Yes No
(If yes, provide details on separate sheet, and a copy of the final order, if applicable.)
21. Have any of the Applicant's owners, partners or employees had a claim alleging professional negligence within the past 5 years? Yes No
(If yes, complete a Claim or Incident Information Section or provide complete details on a separate sheet.)
22. Do any of the Applicant's owners, partners or employees have knowledge or information of any incident or occurrence which might give rise to a claim being made? Yes No
(If yes, complete the Claim or Incident Information Section or provide complete details.)
23. List all Lawyers' Professional Liability Insurance carried during the past 5 years:

INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	NO. OF ATTORNEYS	POLICY PERIOD

24. Does a retroactive date apply to your past or current coverage? Yes No
If yes, show your retroactive date here: _____
25. Have you ever purchased an extended reporting period (tail) endorsement? Yes No
If yes, what is the effective date, and the expiration date, if any? _____
26. List the applicant's top five clients:

NAME OF CLIENT

ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY AND NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud an insurance company or another 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 and subjects the person to (NY: substantial) criminal and civil penalties.

COLORADO FRAUD WARNING: 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.

D.C. FRAUD WARNING: 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, fines, and denial of insurance benefits.

MAINE FRAUD WARNING: 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 MEXICO FRAUD WARNING: 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 FRAUD WARNING: 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.

PENNSYLVANIA FRAUD WARNING: 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.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

IMPORTANT: Read and Sign	This application must be signed and dated by a principal or officer of the applicant firm. Signing this application shall not bind or obligate St. Paul Fire and Marine Insurance Company or any of its affiliates to complete this insurance, but it is agreed that the applicant's responses to the questions contained in this application, as well as the information provided by the applicant in all underwriting supplements and attachments to this application, are material and that the underwriting company shall rely on these responses and information in the event a policy is issued.
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Authorized Representative (<i>Owner, Partner or Officer of Applicant</i>)	Title	Date
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Firm Name	Date
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Complete the following for EACH LAWYER in the Firm:

Name	*Designation	If Of Counsel or Contract Attorney, % of Time Worked for Applicant	State/Year of Admission to Bar	Date Lawyer Joined Firm	DRI MEMBER	
					Yes	No
1.						
2.						
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20.						

Attach separate sheet if additional space is required.

***DESIGNATION:**

- | | |
|---|---|
| <p>“O” Officers, directors, shareholders of the corporation who are licensed lawyers</p> <p>“P” Partners of the partnership</p> <p>“S” Sole Proprietor</p> <p>“E” Employed lawyers (employees of Applicant)</p> | <p>“OC” Of Counsel lawyers of the Applicant</p> <p>“RP” Retired partners of the Applicant</p> <p>“TA” Title Agent</p> <p>“CA” Contract Attorney</p> |
|---|---|

State the number of other employees

_____ Law clerks _____ Paralegals _____ Investigators _____ Secretarial/clerical/other support staff

List all Predecessor Firms and the dates of existence:

Predecessor Firms means any firm that no longer exists and from which a majority of the financial and physical assets and liabilities are now with the applicant firm.

NAME OF FIRM	DATES OF EXISTENCE

CLAIM OR INCIDENT INFORMATION

INSTRUCTIONS

Complete this Section only if the applicant responded "yes" to any part of questions 20, 21, or 22. Provide the information requested below for each claim, suit, or incident.

Name of applicant or insured

Name of individual(s) at firm involved in the claim or incident

Name of claimant

This matter is currently a/an:

Pending demand, claim, or suit Closed matter Incident

Name of insurer to whom this matter has been reported

Date reported to insurer

If this matter is a pending claim or suit, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Claimant's settlement demand \$	Defendant's offer for settlement \$	Insurer's loss reserve \$
Cost of defense paid to date \$	Is claim in suit <input type="checkbox"/> Yes <input type="checkbox"/> No	If claim is in suit, amount asked in summons \$

If this matter is closed, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Total paid indemnity \$	Total paid defense costs \$	Deductible \$

Indicate whether

Matter closed without payment Court judgement Out of court settlement

If this matter is an incident only, complete this section

Date of alleged error

Description of claim, suit, or incident

(Provide enough information to allow evaluation. Attach a separate sheet, if necessary. DO NOT attach a copy of the summons):

Alleged act, error, or omission upon which claimant bases claim:

Description of case and events:

Description of the type and extent of injury or damage allegedly sustained:

Description of Risk Management Procedures

Describe any remedial measures taken by the applicant or insured to avoid similar claims or incidents:

CLAIM OR INCIDENT INFORMATION

INSTRUCTIONS

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Cost of defense paid to date \$	Is claim in suit <input type="checkbox"/> Yes <input type="checkbox"/> No	If claim is in suit, amount asked in summons \$

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Total paid indemnity \$	Total paid defense costs \$	Deductible \$

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Alleged act, error, or omission upon which claimant bases claim:

Description of case and events:

Description of the type and extent of injury or damage allegedly sustained:

Description of Risk Management Procedures

Describe any remedial measures taken by the applicant or insured to avoid similar claims or incidents:

INSTRUCTIONS

Complete this Section only if the applicant responded “yes” to any part of questions 9 or 10. Do not include any “nonprofit” or Non-client” organizations.

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

FINANCIAL INSTITUTIONS INFORMATION

INSTRUCTIONS

Complete this Section only if the applicant provides legal services to one or more financial institutions in the areas of:

- General Counsel (*i.e.*, working on retainer or providing the majority of the legal work for the Financial Institution)
- Advice concerning regulatory issues or responses to regulatory agencies.
- Securities work or corporate transactional work such as mergers and acquisitions.

Individual Institution Information

Complete the following information for each Financial Institution for which any protected person has provided legal services in the last 36 months.

1. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution (<i>city, state</i>)	Address of Parent or Holding Company (<i>city, state</i>)
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution (<i>city, state</i>)	Address of Parent or Holding Company (<i>city, state</i>)
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution (<i>city, state</i>)	Address of Parent or Holding Company (<i>city, state</i>)
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Name of Financial Institution	Name of Parent or Holding Company
Address of Financial Institution (<i>city, state</i>)	Address of Parent or Holding Company (<i>city, state</i>)
Legal services have been provided for the following years: from _____ to _____	
Currently, or within the last 36 months, applicant represented the Financial Institution in the following capacities: <input type="checkbox"/> General Counsel <input type="checkbox"/> Regulatory <input type="checkbox"/> Securities	
Does The St. Paul provide the blanket bond coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	