

LEXINGTON INSURANCE COMPANY

Wilmington, Delaware

(Hereinafter referred to as the Company)

Administrative Offices: 200 State Street, Boston, Massachusetts 02109

**APPLICATION FOR
LAWYERS EXCESS PROFESSIONAL LIABILITY INSURANCE**

NOTICE: This is an application for **CLAIMS MADE INSURANCE**. Such insurance, if accepted by the Company, applies only to claims first made against the Insured during the Policy Period and may additionally limit any coverage applicable to negligent acts, committed prior to the inception of the Policy Period.

APPLICANT'S INSTRUCTIONS:

- i. All items must be answered completely. please type or print clearly. if any item is considered 'Not Applicable' please explain why.
- ii. If you need more space, please continue on a separate sheet and indicate item number.
- iii. Please complete application form and supplements where required.
- iv. This application and all supplement forms must be signed and dated by a principal of the firm.

1. APPLICANT

A. Name of Applicant: _____

B. Date Firm Established: _____

C. Address: _____

D. Federal Tax ID Number: _____

E. Total Number of Lawyers: _____

| | | | | |
|---------------|----------|------------|------------|-------------|
| | Partners | Associates | Of Counsel | Other Staff |
| Current Year: | _____ | _____ | _____ | _____ |

| | | | | |
|-------------------|-------|-------|-------|-------|
| <u>Last Year:</u> | _____ | _____ | _____ | _____ |
|-------------------|-------|-------|-------|-------|

F. Indicate the name and number of attorneys who have joined the firm through Lateral Hires:

| Attorney | Previous Firm / Title | Date Hired | Title | Current Title |
|----------|-----------------------|------------|-------|---------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

D. Do any of the firm's branches specialize in areas significantly different from the firm's primary location?
 Yes _____ No _____

| Branch Location | Specialties |
|-----------------|-------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

(Attach additional list if necessary).

E. Does the Applicant currently, or did it within the past five years, provide legal services to any Financial Institution? Yes _____ No _____.
 If yes, complete SUPPLEMENTAL Number 2-Financial Institutions

F. Does the Applicant currently, or did it within the past five years, provide legal services involving Securities to any clients? Yes _____ No _____.
 If yes, complete Supplement Number 3-Securities

3. BUSINESS AND MANAGEMENT PROFILE

A. Describe the firm's client selection process.

B. Does client approval include credit checks? Yes _____ No _____.

C. Are new clients subject to the approval of a management committee? Yes _____ No _____.
 At least two partners? Yes _____ No _____.
 Individual lawyer only? Yes _____ No _____.

Describe the client screening process:

What % of potential new clients were rejected?

D. Identify the firm's 5 largest clients and the percentage of revenue derived from each. Are any in bankruptcy or receivership?

| Client | Revenue | Business | Bankrupt | Receivership |
|--------|----------|----------|----------|--------------|
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ | _____ |

E. Does the firm maintain a system to avoid conflicts of avoid interest? Yes _____ No _____. If yes, describe the system.

- F. Do any firm members have Director or Officer positions, or equity interests greater than 5% in, the business of any client? Yes _____ No _____.
If yes, complete Supplement Number 6-Outside Interests
- G. Does the firm provide services for clients who are competitors? Yes _____ No _____.
If yes, identify the clients.
- H. Does the firm use standard engagement and disengagement letters? Yes _____ No _____.
If yes, Please attach examples.
- I. Is the Applicant's existing system of docket control computerized? Yes _____ No _____.
Please describe the system.
- J. Is there a risk management committee? Yes _____ No _____.
If yes, please list the members and provide documentation of the risk management guidelines implemented by the firm.
- K. Please provide an organizational chart of the firm listing all managers by department and showing the number of attorneys supervised by each manager.
- L. What training is provided to the members of the firm relative to risk management?
- M. Is there an audit review process of the firm's risk management practices? Yes _____ No _____.
If yes, please describe.
- N. Is there a firm policy of not investing in the businesses of clients? Yes _____ No _____.

4. INSURANCE

A. Requested Limits:
Deductible:

B. Underlying Insurance (by layer):

| Insurer | Limit | Premium | Deductible | Policy Period |
|----------|-------|---------|------------|---------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

C. List previous insurance coverage for the past three years:

| Policy No. | Carrier | Limits | Deductible | Premium | Policy Period |
|------------|---------|--------|------------|---------|---------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |

D. Please attach copies of the following:

- A. Primary insurance policy and primary insurance application (include all endorsements and attachments).
- B. Any other excess policy underlying this requested insurance.

5. CLAIM HISTORY

- A. Have any claims or suits been made against the Applicant or any of its predecessors, past or present partners, directors, officers, or employees, in the past 5 years?
Yes _____ No _____. If yes, complete Supplement Number 4.
- B. Is the Applicant, after inquiring of each person proposed for insurance, aware of any fact, situation, or circumstance which might reasonably be expected to result in a claim against the Applicant, predecessor, past or present partner, director, officer, or employee?
Yes _____ No _____. If yes, complete Supplement Number 4.
- C. Is it agreed that no coverage shall be afforded by this policy being applied for with respect to claims and circumstances described in 5A and 5B? Yes _____ No _____.

6. WARRANTY

The undersigned being authorized by, and acting on behalf of, the Applicant and all persons or concerns seeking insurance, has read and understands this application, and the primary insurance application, and declares to the Insurer that all statements made in such application are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the effective date of the requested insurance, which may render inaccurate, untrue, or incomplete any statement made in the primary insurance application or this excess insurance application, will be immediately reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception of the insurance requested, is a condition precedent to coverage.

The signing of this application does not bind the undersigned to purchase the insurance, nor does review of the application bind the Insurer to issue a policy. It is agreed that the statements made herein and in the application referenced in Item 4D above shall be the basis of the contract should a policy be issued.

Date: _____

Signed: _____
Name(print): _____
Title: _____