

- NAVIGATORS INSURANCE COMPANY (NAV)
- NAVIGATORS SPECIALTY INSURANCE COMPANY (NSIC)



LAWYERS PROFESSIONAL LIABILITY

NOTICE: This is an application for a "Claims-made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.

Firm Name: _____ **Contact Name:** _____

Inconsistencies between your firm's letterhead and this application, including attorney's named, address, other offices, etc., should be explained on a separate sheet of your firm's letterhead.

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

E-Mail Address: _____ **Website Address:** _____

Limits Requested: _____ **Deductible Requested:** _____ **Effective Date:** _____

Complete the Schedule of Lawyers section on Page 4 of 6 of this application and supply a current sample of firm letterhead.

Number of: _____ Attorneys _____ Of Counsel _____ Independent Contractors Lawyers _____ Clerks
 _____ Paralegals _____ Legal Secretaries _____ Law Clerks _____ Office Administrator _____ Other

1. On what date was the firm established (include all predecessor firms if the firm has assumed the majority of assets/liabilities of predecessor firms)?

_____/_____/_____
 MONTH DATE YEAR

2. Has the firm's name changed? YES NO
If yes, complete Predecessor firms section on Page 5 of 6.

3. Has the firm assumed, by merger or acquisition, the liabilities of another lawyer or law firm? YES NO
If yes, provide a detailed narrative and complete Predecessor Firms section on Page 5 of 6.

4. Does the firm share with another firm:

| | |
|---|--|
| a. Office Space? <input type="checkbox"/> YES <input type="checkbox"/> NO | c. Support Staff? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Letterhead? <input type="checkbox"/> YES <input type="checkbox"/> NO | d. Cases? <input type="checkbox"/> YES <input type="checkbox"/> NO |

If yes to any of the foregoing, please provide a detailed narrative.

5. Does the firm act as :

| | |
|--|---|
| a. Co-Counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO | c. Pro Hac Vice Counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Local Counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO | d. Referring Attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO |

If yes to any of the foregoing, please provide a detailed narrative.

6. Does the firm practice from additional locations? YES NO
If yes, please provide addresses, date opened and staff breakdown for each.

7. In the last 12 months, how many attorneys have joined the firm? _____ Departed from the firm? _____

8. What was the firm's revenue for the last 12 months? \$ _____ In the 12 months before that? \$ _____

9. List the earliest date from which the firm (including predecessor firms) has had uninterrupted "claims made" coverage.
 _____/_____/_____
 MONTH DATE YEAR

10. Has the firm or predecessor firm ever had a gap in coverage? YES NO
If yes, please provide a detailed narrative.

11. Does the current policy include a prior acts exclusion or retroactive date for the firm? YES NO
If yes, provide the firm's Retroactive Date and a copy of the endorsement or the Declarations Page that documents this date: _____/_____/_____
 MONTH DATE YEAR

12. Please provide the following information about the firm's professional liability insurance for the previous five years.

| INSURANCE COMPANY | POLICY PERIOD | LIMITS/DEDUCTIBLES | PREMIUM | NO. OF ATTORNEYS |
|-------------------|---------------|--------------------|---------|------------------|
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13. During the past five years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market (not applicable in Missouri) YES NO
If yes, please provide details, including the name of the carrier, the dates and the reason for this action.

14. Does the firm have a written Risk Management Program? YES NO

15. Does the firm employ a full-time legal administrator or office manger? YES NO

16. Does the firm have procedures in place for identifying potential or actual conflicts of interest? YES NO

- a. Are conflict checks performed before accepting any new case? YES NO
- b. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
 Computer Index File Conflict Committee Oral/Memory Other
- c. How often is the conflict of interest system updated?
 Daily Weekly Other: _____
- d. If a conflict or potential conflict exists does the firm require written disclosure to all parties? YES NO

17. Which of the following are incorporated in the firm's docket control system? (Please check all applicable systems)

- Single Calendar Dual Calendar Masters Listings Tickler Computer

- a. How frequently are deadlines crossed-checked? Daily Weekly Other _____
- b. Are at least two individuals involved in maintaining the calendar control system? YES NO

18. Client Communications (indicate percentage of use; if not used by firm, indicate 0% all blanks should be answered):

- a. Engagement letters on new matters presented to the firm: YES NO
If used:
Do they clearly define who is being represented? YES NO
Do they define the specific services to be performed. YES NO
Do they describe billing rate and procedures? YES NO
Are files audited to make sure they are used by all attorneys? YES NO
- b. Written fee agreement outlining the firm's billing procedures: _____%
- c. Declination or non-engagement letters on new matters that will not be undertaken: _____%
- d. Scope of service letters or engagement letters for new matters of existing clients: _____%
- e. Settlement Authority letters (when applicable): _____%
- f. Termination or disengagement letters when completing or terminating representation: _____%

19. Please complete the following chart for your five largest clients based upon either your gross revenue or billable hours (check one):

| NAME | INDUSTRY | AREA OF LEGAL SERVICE FOR CLIENT | PERCENT OF YOUR REVENUE DERIVED FROM CLIENT | NUMBER OF YEARS YOU HAVE REPRESENTED |
|------|----------|----------------------------------|---|--------------------------------------|
| | | | | |
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20. Please complete the following chart based upon either your gross revenue or billable hours (check one) for each category. The total must equal 100%.

| TYPE OF CLIENT | PERCENTAGE OF PRACTICE | TYPE OF CLIENT | PERCENTAGE OF PRACTICE |
|--|------------------------|---|------------------------|
| Individuals – High Net Worth (>\$10M assets) | % | Small Public Companies (<\$100M revenues) | % |
| Individuals – All other | % | Large Public Companies (<\$100M revenues) | % |
| Small Private Companies (<\$100M revenues) | % | Fortune 500 | % |
| Large Private Companies (<\$100M revenues) | % | Government or Public Institutions | % |
| Non-Profit Organizations or Charities | % | Other: (please specify): _____ | % |

21. Are all client invoices maintained current within 90 days? (if no, % over 90 days: _____) YES NO
22. In the past three years, how many times has the firm entered into arbitration, or sent outstanding clients bills to a collection agency in order to collect fees? _____
23. In the past three years, how many times has the firm sued in order to collect fee? _____
If any fee suits, please complete table and questions a. and b.

| | CLIENT No. 1 | CLIENT No. 2 | CLIENT No. 3 |
|--------------------------|--------------|--------------|--------------|
| Name of Client | | | |
| Legal Services | | | |
| Date Suit Filed | | | |
| Amount of Dispute | | | |
| Has the SOL Run? | | | |
| Status | | | |
| Date Suit Closed | | | |
| Outcome | | | |

- a. Have steps been taken to avoid a possible counter suit? YES NO
- b. Have steps been taken to prevent fee suits in the future? (Explain steps below). YES NO

24. Please provide the percentage of each area of practice in which the firm has engaged during the past 12 months. Note the combined total areas of practice must equal 100%. All litigation should be coded under their respective Area of Practice section; for example, "Tax Litigation" should be coded under "Taxation". **For each area of practice the firm engages in that is referenced by an *, please complete the appropriate supplement available form your broker.** If the Other percentage is greater than 5%, please provide details.

- | | |
|---|---|
| _____ % Administrative Law | _____ % Government Contracts and Claims |
| _____ % Admiralty Law | _____ % Guardianship/Juvenile |
| _____ % Adoption Law | _____ % Immigration and Naturalization |
| _____ % Antitrust/Trade Regulation | _____ % Insurance Defense |
| _____ % Arbitration/Mediation | _____ % I. P. Copyrights & Trademarks* |
| _____ % Bankruptcy | _____ % I.P. Patents* |
| _____ % Business Transactions & Contracts | _____ % International Law |
| _____ % Civil Rights and Discrimination | _____ % Labor – Management |
| _____ % Class Actions/Mass Tort* | _____ % Labor – Union/Employee |
| _____ % Collection/Repossession – Commercial* | _____ % Local Government (not bonds) |
| _____ % Collection/Repossession – Consumer* | _____ % Natural Resources (Oil & Gas) |
| _____ % Commercial Litigation – Defense | _____ % Personal Injury – Defense |
| _____ % Commercial Litigation – Plaintiff | _____ % Personal Injury – Plaintiff* |
| _____ % Construction/Building Contracts | _____ % Real Estate – Commercial* |
| _____ % Consumer Claims | _____ % Real Estate – Land Use & Zoning* |
| _____ % Corporate Administrative | _____ % Real Estate – Residential* |
| _____ % Corporate & Business Organization | _____ % Real Estate – Title /Abstracting* |
| _____ % Corporate Mergers and Acquisitions | _____ % Securities or Bonds* |
| _____ % Criminal | _____ % Social Security |
| _____ % Divorce – w/ Assets < \$1M | _____ % Taxation* |
| _____ % Divorce – w/ Assets \$1M - \$5M | _____ % Wills, Trusts & Estates < \$1M* |
| _____ % Divorce – w/ Assets > \$5M | _____ % Wills, Trusts & Estates \$1M - \$5M* |
| _____ % Entertainment* | _____ % Wills, Trusts & Estates > \$5M* |
| _____ % Environmental Law | _____ % Workers Compensation – Defense |
| _____ % ERISA/Employee Benefits | _____ % Workers Compensation – Plaintiff |
| _____ % Financial Institutions/Banking- Regulatory/GC* | _____ % Other: _____ |
| | _____ % TOTAL |

25. Percentage of the firm's practice that falls within the defense area: _____%

26. In the past five years, has any attorney in the firm handled any class action or mass tort litigation (regardless of what firm he or she was practicing with at the time)? YES NO
If yes, please complete the Class Action/Mass Tort supplement.
27. In the past five years, has your firm or any lawyer in your firm represented issuers, underwriters, or affiliates of either, with regard to the issuance, offering or sale of securities or bonds? YES NO
If yes, please complete the Securities or Bond supplement.
28. In the past five years has any attorney in the firm:
- a. Served as a Director, Officer, Trustee, partner or Employee or had an ownership interest in any entity? YES NO
b. Had or have financial interests or any outside interest in any entity? YES NO
If yes to any of the above, please complete the Outside Interest supplement.
29. Does anyone affiliated with the firm maintain any equity interest in a title agency? YES NO
If yes, please complete the Real Estate supplement.
30. Have you been regulatory counsel, advisory counsel, general counsel, a board member or participated in a loan committee for a financial institution? YES NO
If yes, please complete the Financial Institutions supplement.
31. Does any member of the firm currently or previously suffer from an impairment that might hinder their professional ability to provide competent, courteous, timely legal services? YES NO
If yes, please provide a detailed narrative.
32. If you are a sole practitioner, please give name and contact information for the attorney who will handle your cases in the event of your incapacitation or vacation? _____
Does the above referenced attorney carry professional liability insurance? YES NO
33. In the past five years, has any attorney associated with the firm been the subject of a bar complaint, bar grievance or disciplinary action? YES NO
If yes, please complete a Claims supplement for each matter.
34. In the past five years (or earlier, if the claim is still open), how many claims or incidents have been alleged or otherwise active against attorneys in the firm (past and present)? _____ **For each, please complete a Claims supplement.**
35. Are you or any member of the firm aware of any incident, act, error or omission that may result in a claim or disciplinary action being brought against the firm, which you have not mentioned in questions 33 or 34? YES NO
If yes, please complete a Claims supplement.

It is recommend that your report any incidents, acts, errors or omissions to your current carrier. Please note, that any incident, error, or omission about which you are currently aware of will not be covered by a subsequently issued claims made policy.

SUPPLEMENTAL APPLICATIONS ARE AVAILABLE FROM YOUR BROKER

| | NAME | DESIGNATION | OC/IC/R ANNUAL HOURS WORK FOR APPLICANT FIRM | DATE OF HIRE (MM/DD/YY) | DATE ADMITTED TO BAR (MM/DD/YY) | CLE HOURS* |
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| 20 | | | | | | |

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel P – Partner IC – Independent Contractor
 S – Shareholder R – Retired Partner A – Associate

*Provide number of CLE hours devoted to ethics, malpractice avoidance or law firm risk management in the attorney’s reporting cycle.

Predecessor Firms:

List all firm name changes and the date of change.
 List all Predecessor Firms and their dates of existence.
 Predecessor Firms mean any firm no longer in existence for which the applicant firm obtained a majority interest in such Predecessor Firm’s assets and liabilities.

| NAME OF FIRM | DATE ESTABLISHED (MM/DD/YY) | CONFIRM THE FOLLOWING: | DATE DISSOLVED (MM/DD/YY) | PERCENTAGE (%) OF ASSETS / LIABILITIES APPLICANT FIRM ASSUMED |
|--------------|-----------------------------|--|---------------------------|---|
| | | 1. DISSOLVED 2. NAME CHANGE 3. CONTINUE TO EXIST | | |
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Attached additional sheet if necessary.

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. **Arkansas, Louisiana, New Mexico and West Virginia 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 fines and confinement in prison. **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 benefits, and/or civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 or 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 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 Fraud Warning:** 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. **Maryland Fraud Warning:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New York 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Ohio Fraud Warning:** Any person who, with the 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. **Oregon Fraud Warning:** 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 may be a crime. **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. **Tennessee 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. **Maine, Virginia and Washington 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 and a denial of insurance benefits.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OR ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

Print Name

Title

Signature

Date

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

| | |
|---|---------------------------------|
| BROKER NAME: | |
| AGENCY NAME: | |
| TAXPAYER ID NO.: | PRODUCER LICENSE NO. AND STATE: |
| PRODUCER'S ADDRESS (No., Street, City, State, and Zip:) | |