



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Throughout this supplement "you" and "your" mean the entity or individual applying for this insurance.

APPLICANT INFORMATION

- 1. New Business Current Travelers policy number _____
- 2. Your full legal name _____

GENERAL INFORMATION

- 3. Are there any planned changes in your name or any planned, pending or contemplated merger or acquisition of any other law firm during the coming 12 months?..... Yes No
- 4. Are there any significant changes in any area of practice or legal service, or any new office location(s) planned for the coming 12 months?..... Yes No
- 5. Are you planning any major financial investment or purchase (more than 10% of revenues) during the coming 12 months, not already described above?..... Yes No

If any of the answers to Questions 3-5 is yes, please describe:

- 6. Are you organized by practice group, or do you otherwise encourage specialization by area of practice?. Yes No
- 7. Do you have written procedures in place to address how files or client matters will be handled while individual attorneys are out of the office or unavailable?..... Yes No
- 8. Do you periodically audit or peer review work performed by both associates and partners or managers, including in branch offices or locations?..... Yes No
- 9. Does your compensation and organizational structure allow for promotion, advancement or compensation decisions to include other factors beyond individual billings or revenues?..... Yes No
- 10. Do you permit attorneys to advance on a non-equity basis?..... Yes No
- 11. Do you permit individual attorneys to work on a part time basis?..... Yes No
- 12. Do you have written procedures to deal with under-performing individuals, short of termination?..... Yes No
- 13. Do you monitor individual attorney workload and case assignment across the entire firm?..... Yes No
- 14. Please estimate the number of active files or client matters currently handled on average *per attorney* in your firm:
 Less than 100 101 to 150 151 to 200 201 to 250 251 to 300 N/A (explain) _____

15. Please estimate the percentage of total cases or client matters handled with the following financial values:
 Less than \$1M % \$1M -\$5M % \$5M to \$10M % \$10M to \$100M %
 \$100M+ % N/A (please explain) _____
16. Are there procedures in place to require all attorneys to report to firm management any legal proceeding or formal or informal investigation of any kind where you or any of your attorneys or staff are named as a party?..... Yes No
17. Do you have suitable alternative arrangements for office and meeting space in the event that your offices are impaired or destroyed?..... Yes No

Money Management/Investment Advice

18. Do you or any of your attorneys have discretionary control over client funds other than as your duties under client trust accounting rules?..... Yes No
19. Do you or any of your attorneys make investment decisions on behalf of clients or give investment advice to clients?..... Yes No
20. Do you or any individual attorney have authority to authorize a withdrawal from Client Trust accounts greater than \$1M?..... Yes No
21. Are there procedures in place to monitor and report on unusual transactions in both firm accounts and client accounts?..... Yes No

Client Involvements

22. Do you have a policy requiring prior approval by firm management of any service as a Director, Officer, Partner or Fiduciary of a For Profit organization that is a client of your firm?..... Yes No
23. Do you have a policy requiring that D&O insurance be provided for any attorney serving as a Director, Officer, Partner or Fiduciary of a For Profit organization that is a client of your firm?..... Yes No
24. Do you have a policy requiring prior notification and approval of any equity position with a client of your firm?..... Yes No
25. Do you permit attorneys to accept equity interests or other financial incentives from clients in lieu of payment of legal fees?..... Yes No

RISK MANAGEMENT

26. Do you require all attorneys to periodically attend loss prevention or risk management education seminars?..... Yes No
27. Do you have a Risk Management partner or committee with authority to intervene in potential malpractice, ethical violations, or conflict situations?..... Yes No
28. Do you have established procedures for safeguarding client property?..... Yes No
29. Are your records backed up or duplicated to an off-site storage location?..... Yes No

Engagement/Non-Engagement/Disengagement Letters

30. Do you have written procedures regarding the use of engagement letters, non-engagement letters, and disengagement or termination letters?..... Yes No

31. Do you use standardized firm-wide forms (even if they can be customized)?..... Yes No
32. Does your policy on engagement letters require that both the scope of the engagement as well as the matters not undertaken be identified?..... Yes No
33. Does your policy on engagement letters require that the client's acceptance of any potential conflicts be specifically addressed?..... Yes No
34. Does your policy on engagement letters require that the client be noticed of any significant obstacles to success, including time deadlines?..... Yes No
35. Does your policy on engagement letters require that the client be notified of how both firm legal fees as well as non-legal fee expenses will be handled?..... Yes No
36. Does your policy on non-engagement and disengagement/termination letters address potential time deadlines that may exist?..... Yes No
37. If a potential deadline is imminent, does the policy on non-engagement and disengagement/termination letters require that the letter be sent certified or registered mail?..... Yes No
38. Are disengagement or termination letters used in every case where an individual attorney withdraws from a case?..... Yes No

Docket Control

39. Does your Docket/Calendar system:
- a. Track litigated items?..... Yes No
 - b. Track non-litigated items, even where no critical deadline is involved?..... Yes No
 - c. Have built-in safeguards that require notification of firm management and case reassignment if a critical deadline is about to be missed?..... Yes No
 - d. Require entry from incoming mail, email or other written communication?..... Yes No
 - e. Require more than one person to be reminded of each date?..... Yes No
 - f. Include a procedure for the verification of the completion of calendared items or the re-scheduling of events?..... Yes No
40. Have you designated a specific individual to manage your Docket/Calendar system?..... Yes No
If yes, is this person an attorney?..... Yes No

Client Intake & File Opening Procedures

41. Do your Client Intake, Screening, or File Opening procedures:
- a. Require explanation to potential clients that no new matters can be undertaken except through the firm's established Client Intake & File Opening Procedures?..... Yes No
 - b. Prohibit the disclosure of confidential information before a conflict check is completed?..... Yes No
 - c. Require a Conflicts approval before a new file can be opened?..... Yes No
 - d. Require a Docket/Calendar entry to be made?..... Yes No
 - e. Require approval of a management committee or manager before a new file can be opened?..... Yes No
 - f. Require a review of the proposed client's:
 - 1. Legal representation history?..... Yes No
 - 2. Financial condition?..... Yes No
 - 3. Credit rating or bill paying history?..... Yes No
 - 4. Number of previous attorneys interviewed/employed?..... Yes No
 - 5. Reasonableness of their expectations and their attitude toward litigation?..... Yes No
 - 6. Previous litigation history?..... Yes No

- g. Examine the difficulty or complexity of the proposed representation?..... Yes No
- h. Examine the match between the proposed representation and the current skill sets of the attorneys who will be working on the matter?..... Yes No
- i. Examine the likelihood of success or expectations of the client?..... Yes No
- j. Require an engagement letter before each new matter is accepted?..... Yes No
- k. Require a non-engagement letter for each matter that is declined?..... Yes No

Oversight, Peer Review, and Internal Communications

42. Do your Oversight, Peer Review, or Internal Communications procedures:
- a. Require that firm management regularly review the status and direction of all firm matters? Yes No
 - b. Require that all attorneys provide a thorough update to firm management of any problem files or cases? Yes No
 - c. Allow for the removal of any attorney from a case and reassign it or seek withdrawal as necessary? Yes No
 - d. Require all attorneys to attend regular firm meetings (*in person or virtually*) whereby matters of common importance are communicated? Yes No
 - e. Require all significant or critical opinions or decision to be peer reviewed by at least one other attorney (*doesn't apply to solo attorneys*)? Yes No
 - f. Allow for formal review of associates on an annual basis? Yes No
 - g. Allow for formal review of partners on an annual basis?..... Yes No
 - h. Do you have written procedures concerning what action to take if an attorney is discovered or suspected to be impaired? Yes No
43. Have you had a risk management seminar or audit conducted within the past two years by a risk management specialist outside your firm?..... Yes No
44. Does each practice group, or your firm, if there are no designated practice groups, offer a training program for your attorneys? Yes No
45. Do you offer a training program for your non-attorney staff?..... Yes No
If yes, who is responsible for this program? _____
46. Do you have written Office Policies and Procedures concerning the following:

Office Policies & Procedures, Firm Management, and Billing Practices

- a. Employment? Yes No
 - b. Benefits? Yes No
 - c. Internal procedural systems? Yes No
 - d. Investment in client businesses? Yes No
 - e. Loss avoidance and risk management? (*If yes, attach a copy of the Table of Contents*) Yes No
47. Do you employ a Risk Control or Loss Prevention expert dedicated to helping the firm avoid malpractice?..... Yes No
48. Do you have an Executive Committee with authority to over-rule even senior partners?..... Yes No

ADDITIONAL FIRM HISTORY

49. Please complete the following chart for all law firms merged or acquired by your firm within the past 10 years that are **not listed** as a Predecessor Firm on the Main Application:

Name of Law Firm	Date Established	Date Dissolved	Date Merged or Acquired	Number of Principals, Owners, Officers, and Partners who joined this firm or its predecessors	ERP Coverage Purchased (Yes/No)

50. For New Business firms only, List Total Number of Attorneys:

- a. Previous Year _____
- b. 2 Years Ago _____

51. During the past 5 years, have you closed any affiliated office location, exited any area of practice, or lost more than 5 attorneys at once?..... Yes No

52. Please complete the following Additional Financial Information chart:

Additional Financial Information	Current Fiscal Year	1st Prior Fiscal Year	2nd Prior Fiscal Year
Total Debt			
Obligations to Former Partners/Owners/Shareholders			
Partner or Shareholder Equity			

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(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 of Regulatory Agencies.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (Partner, Member, Officer, Shareholder) Date

Name (print) Title

If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Accept

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this supplement (please reference the question number).