

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Proposal Form

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm

Street Address

Suite

City

County

State

Zip Code

Website Address (if applicable)

Federal Employer Identification Number (FEIN)

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name

Title

E-mail Address

Telephone Number

Fax Number

Producer Information

Submitted by (Agency Name)

Dated

Agent's Name (Individual's Name)

Agent's License Number

Current Insurance Information (Provide details to all "Yes" answers)

1. List the professional liability insurance purchased by the Applicant Firm for each of the last 5 years.

<u>Insurance Carrier</u>	<u>Inception Date</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

2. Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever had an insurer decline, cancel, refuse to renew, rescind, or accept only on special terms, any professional liability insurance policy? Yes No
(NOT APPLICABLE IN MISSOURI)

If "Yes", provide details. _____

3. Within the last 5 years, has the Applicant Firm, or any predecessor in business, ever purchased an Extended Reporting Period (or Discovery Period) under any prior professional liability insurance policy? Yes No

If "Yes", provide details. _____

4. Indicate the Applicant Firm's current retroactive date (Mo/Day/Yr): _____ If "None", so state. None

General Information (Provide details to all "Yes" answers)

5. Form of Applicant Firm: Limited Liability Corporation Limited Liability Partnership Partnership
 Professional Association Professional Corporation Sole Proprietorship / Individual

If you are a sole proprietor, provide the name of the lawyer(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc).

Name: _____

Address (City, State, Zip): _____

Telephone Number: _____

6. The Applicant Firm has been in continuous operation since: _____

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7. Provide the following on all Predecessor Firms to whose assets and liabilities the Applicant Firm is the majority successor in interest. Include the date the **Predecessor Firms** were established and the dates of merger. If "None", so state. None

<u>Name of Predecessor Firm</u>	<u>Date Established</u>	<u>Date of Merger</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Indicate the total number of personnel for the Applicant Firm by designation.
- Lawyers: _____ Law Clerks: _____ Paralegals: _____ Legal Secretaries: _____
 Of-Counsel: _____ Independent Contractors: _____ Clerical: _____ Other: _____

COMPLETE THE INDIVIDUAL INSURED SUPPLEMENTAL FORM (LPL 29600) FOR ALL LAWYERS IN THE APPLICANT FIRM.

9. Does any lawyer in the Applicant Firm serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm? Yes No
 If "Yes", complete the following.

<u>Name of Lawyer</u>	<u>Name of Organization</u>	<u>Is Organization For Profit or Nonprofit?</u>	<u>Is the Organization a Firm Client?</u>	<u>Position Held by Lawyer</u>	<u>Percentage of Equity Held</u>	<u>Percentage of Total Firm Billings</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Nature of Practice Information

10. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):
 Actual for immediate past fiscal year:: \$ _____

11. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

<u>Area of Practice</u>	<u>%</u>	<u>Area of Practice</u>	<u>%</u>
Administrative Law – General	_____ %	International Law	_____ %
Admiralty/Maritime	_____ %	Labor Relations – Labor	_____ %
Antitrust/Trade Regulation	_____ %	Labor Relations – Management	_____ %
Arbitration/Mediation	_____ %	Litigation (Civil) – Defense	_____ %
Bankruptcy	_____ %	Litigation (Civil) – Plaintiff	_____ %
Banks/Savings and Loans	_____ %	Local Government Law – without Bonds	_____ %
Civil Rights and Discrimination	_____ %	Mergers and Acquisitions	_____ %
Collection/Repossession	_____ %	Oil and Gas	_____ %
Commercial Law	_____ %	Pension and Employee Benefits	_____ %
Commercial Litigation – Defense	_____ %	Personal Injury and Negligence Litigation – Defense	_____ %
Commercial Litigation – Plaintiff	_____ %	Personal Injury and Negligence Litigation – Plaintiff	_____ %
Communications (FCC)	_____ %	Public Contract Law	_____ %
Construction Law	_____ %	Public Utilities	_____ %
Corporate Organization/Formation	_____ %	Real Property (Conveyance) – Commercial	_____ %
Criminal Law	_____ %	Real Property (Conveyance) – Foreclosure	_____ %
Entertainment/Sports – with Money Management	_____ %	Real Property (Conveyance) – Residential	_____ %
Entertainment/Sports – without Money Management	_____ %	Real Property – Development	_____ %
Environmental Law	_____ %	Real Property – Title Examination	_____ %
Estate, Trust and Probate	_____ %	Securities Law – including Municipal Bonds	_____ %
Family Law	_____ %	Taxation - Opinions	_____ %
General Corporate/Business	_____ %	Taxation - Preparation	_____ %
Healthcare	_____ %	Workers' Compensation Litigation – Defense	_____ %
Immigration and Naturalization	_____ %	Workers' Compensation Litigation – Plaintiff	_____ %
Insurance Coverage	_____ %	Other (list): _____	_____ %
Insurance Defense Litigation	_____ %		_____ %
Intellectual Property	_____ %		_____ %
		TOTAL:	100%

12. Indicate the percentage of the Applicant Firm's plaintiff cases that are class actions suits. _____ %

General Policy and Procedures Information

- 13. Docket and Calendar Procedures:
 - (a) Does the Applicant Firm maintain a planned docket control system and procedure with at least 2 independent date controls? Yes No
 - (b) Are the docket control system(s) and the procedure computerized? Yes No
- 14. Business Procedures:
 - (a) Does the Applicant Firm use engagement/disengagement/non-engagement letters? Yes No
 - (b) Does the Applicant Firm maintain a system to avoid conflicts of interest? Yes No
 - (c) Is the conflicts system computerized? Yes No
 - (d) During the last 2 years, how many suits for collection of fees have been filed by the Applicant Firm? _____
 - (e) During the last year, how many lawyers of the Applicant Firm have participated in formal continuing legal education programs of at least 7 hours? _____
 - (f) Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm, or organization? If "Yes", provide, on separate attachment, the name of the entity(ies). Yes No

Litigation and Claim Information (Provide details to all "Yes" answers)

- 15. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency? Yes No
If "Yes", provide details. _____

- 16. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No
- 17. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No

IF "YES" TO QUESTION 16. OR 17., PROVIDE FULL DETAILS ON THE CLAIM / INCIDENT SUPPLEMENTAL FORM (LPL 29610).

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTION 16. OR 17.

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NOTICE TO 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 OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, 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.

NOTICE TO APPLICANTS OF KENTUCKY: 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO APPLICANTS OF FLORIDA: 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.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND 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.

NOTICE TO NEW YORK 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 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.

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated

Partner, Owner, Officer or Principal (Signature)

Title

Partner, Owner, Officer or Principal (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039