



EMPLOYED COUNSEL PROFESSIONAL LIABILITY INSURANCE APPLICATION
(CLAIMS MADE BASIS)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Name of Employer:
b. Principal business premise address: (Street) (County) (City) (State) (Zip)
c. Year Employer Established:
d. [] Corporation [] Partnership [] Individual

2. APPLICANT OPERATIONS

- a. Nature of business of Employer:
b. Briefly describe duties and responsibilities handled by employed attorneys:
c. Approximate percentage of legal work undertaken by the legal department on behalf of the Employer devoted to:
Admiralty/Maritime % Domestic Relations % Real Estate %
Anti-trust/Trade Regulation % Entertainment % *Securities Law:
Banking % Estate Planning % Federal SEC %
BI/PI-Defendants % Estate/Probate/Trust % State %
BI/PI-Plaintiffs % Foreign Practice % Private Placements %
Collection/Repossession % International Law % Syndication %
Communications (FCC) % Investment Counseling % Taxation %
Copyright/Patent/TM % Labor Relations % Other** %
Corp. Formation/Alteration % Oil and Gas % (Over 5% Specify)
Criminal % Public Utilities %
* Complete Securities Supplement. Total Income: 100%
** General practice is not acceptable.
d. Number of Employed: Law Clerks, Investigators, Abstractors, Paralegal Personnel, Clerical Staff, Attorneys.
e. Is any lawyer employed by any entity other than the Employer listed in Question 1(a)? [] Yes [] No. If Yes, please explain.
f. Is any employed attorney also serving as an officer or director to the Employer? [] Yes [] No

3. HISTORY/CLAIMS

- a. Present Carrier: Expiration date of policy:
Limits of Liability: per claim agg. deductible
Loss Experience:

b. List similar professional liability insurance carried for the past five years. If none, state none.

Inception	Expiration	Insurance Co.	Policy Number	Limits of Liability	Deductible (If any)
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____

c. After inquiry of each employed lawyer, has any lawyer ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? Yes No. If Yes, please provide the names of the lawyers and brief explanation. _____

d. After inquiry of each employed lawyer, has any lawyer ever been the subject of reprimand or disciplinary action or refused admission to the bar association, court or administrative agency as a result of professional activities? Yes No. If Yes, please provide the name of the lawyer and brief explanation. _____

e. After inquiry of each employed lawyer, has any professional liability claim or suit ever been made against any lawyer? Yes No. If Yes, please give full details on a Supplemental Claim Information Form.

f. After inquiry, does the Employer or employed lawyer know of any circumstance, act, error or omission that could result in a professional liability claim against any employed lawyer? Yes No. If yes, please give full details on a Supplemental Claim Information form.

4. ADDITIONAL INFORMATION

Please attach the following:

- a. Any secondary locations of Employer.
- b. Most recent 10k report and brochure of services provided.
- c. Completed attached Supplement for EACH ATTORNEY.
- d. If Employer is Insurance Company/Agency, completed Insurance Company Supplement.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

INSURANCE COMPANY SUPPLEMENT

Complete if Employer is an Insurance Company or Agency.

- 1) State number of attorneys whose activities are not restricted to the following activities: claims handling and adjusting, safety inspections, loss control, safety engineering services, premium financing operations, insurance consulting, actuarial consulting, risk management, pool management, personal injury rehabilitation operations, data processing services, salvage operations, agents and brokers operations, pension consulting or underwriting.

Number of employed attorneys:

See endorsement provisions regarding these activities.

- 2) In reference to Question 1, please describe activities performed by these attorneys:

- 3) Name of Insurance Company/Agency Errors and Omissions Liability Coverage:

Carrier:

Expiration:

Limits Carried: _____ per claim _____ aggregate _____ deductible

Loss Experience: _____

I/We understand information submitted herein becomes a part of my/our Professional Liability application and is subject to the same declaration and conditions. I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and the I/We have not suppressed or misstated any material facts and I/We agree that this Application shall be the basis of the contract issued and deemed a part thereof.

Signature of Applicant _____ Date _____

(Agent of the Employer on behalf of all persons proposed for this insurance.)

SECURITIES SUPPLEMENT

a. List securities offering and private placements handled in the past two years:

Year	Name of Insurer	Type of Business	Underwriter	Accountant	Dollar Size of Offering

b. Do you handle speculative stocks? [] Yes [] No

c. Do attorneys of the legal department of the corporation issue legal opinions with respect to registration statements filed with any securities commission? [] Yes [] No

d. Are these statements normally approved by outside counsel? [] Yes [] No

e. Describe any other professional services, including investment counselor services, you render that make you liable for claims under the Securities Acts of 1933 and 1934 and the extent to which you render such services:

f. Has any employed lawyer ever been an SEC staff member? []
 Yes [] No
 If yes, give the name of the lawyer and the period so employed:

g. Has any employed lawyer ever practiced before the SEC? [] Yes [] No
 If yes, give the name of the lawyer and the details of the practice.

h. Has any employed lawyer ever been cautioned by the SEC or disqualified from appearing or practicing before the SEC? If yes, please give details: [] Yes [] No

i. Describe in narrative form what steps are taken by the Employer to satisfy the "due diligence" requirement under Section 11 of the Securities Act of 1933?

I/WE understand information submitted herein becomes a part of my/our Professional Liability application and is subject to the same declaration and conditions. I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that I/We have not suppressed or misstated any material facts and I/We agree that this Application shall be the basis of the contract issued and deemed a part thereof.

Signature of Applicant _____ Date _____

(Agent of the Employer on behalf of all persons proposed for this insurance.)