AGENCY CUSTOMER ID: _____

LAWYERS PROFESSIONAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED	
		DBA:	

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

* 12:01 AM at the Principal Address of the Applicant

LIMIT	RETENTION	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *	REQUESTED RETROACTIVE DATE
PER CLAIM: $	PER CLAIM: $	$			
AGGR: $	AGGR: $	SEPARATE DEFENSE COSTS LIMIT: $	☐ INSIDE	☐ OUTSIDE	

BRANCH OFFICES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY	STATE	BILLINGS (as a percentage of firm-wide gross billings, previous fiscal year)	# FULL-TIME ATTORNEYS RESIDENT IN OFFICE	DATE OF ORGANIZATION OF OFFICE
		%		
		%		
		%		

AREA(S) OF LAW

PRACTICE AREA	LAST YEAR	THIS YEAR	CURRENT BREAKDOWN WITHIN PARTICULAR AREA OF LAW (Should equal 100 %)		
ADMIRALTY	%	%	% PLAINTIFF	% DEFENSE	
ANTITRUST	%	%	% PLAINTIFF	% DEFENSE	% PLAINTIFF CLASS ACTION
AVIATION	%	%			
BANKRUPTCY	%	%	% CREDITOR	% DEBTOR	% COURT APPOINTED TRUSTEE
CLASS ACTION / MASS TORT	%	%	% PLAINTIFF	% DEFENSE	% OTHER
COLLECTIONS	%	%	% COMMERCIAL	% CONSUMER	
COMMERCIAL	%	%			
CONSTRUCTION	%	%			
CORPORATE	%	%	% FORMATIONS / DISSOLUTIONS	% MERGERS / ACQUISITIONS	% OTHER
CORPORATE - GENERAL	%	%			
CRIMINAL	%	%			
DOMESTIC RELATIONS	%	%	% DIVORCE	% ADOPTION	% OTHER
ENTERTAINMENT	%	%			
ENVIRONMENTAL	%	%	% COMPLIANCE ADVICE	% OTHER	
FINANCIAL INSTITUTIONS	%	%			
HEALTH CARE	%	%			
IMMIGRATION	%	%			
INSURANCE DEFENSE	%	%			
INTELLECTUAL PROPERTY	%	%	% PATENT PROSECUTION	% COPYRIGHT / TRADEMARK	% OTHER
LABOR RELATIONS	%	%	% MANAGEMENT	% UNION / LABOR	% OTHER
LITIGATION - EMPLOYMENT	%	%	% PLAINTIFF	% DEFENSE	
LITIGATION - GENERAL	%	%	% PLAINTIFF	% DEFENSE	
LITIGATION - PERSONAL INJURY	%	%	% PLAINTIFF	% DEFENSE	
MUNICIPAL / GOVERNMENT	%	%	% DEFENSE	% GENERAL ADVICE	% OTHER
OIL & GAS	%	%	% PLAINTIFF	% DEFENSE	
PROBATE / TRUSTS / ESTATES	%	%	% ESTATE PLANNING	% PROBATE / TRUST	% OTHER
REAL ESTATE	%	%	% COMMERCIAL	% RESIDENTIAL	
SECURITIES	%	%	% FEDERAL	% STATE	% OTHER
TAXATION	%	%	% CORPORATE TAX ADVICE	% CORPORATE TAX LITIGATION	% OTHER
WORKERS' COMPENSATION	%	%	% PLAINTIFF	% DEFENSE	
	%	%			
	%	%			

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Attach to ACORD 825

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AGENCY CUSTOMER ID: _____

FINANCIAL INFORMATION

	LATEST FISCAL YEAR	FIRST PRIOR FISCAL YEAR	SECOND PRIOR FISCAL YEAR
ENDING DATE (MM/DD/YYYY)			
GROSS REVENUES			
NET INCOME			
TOTAL DEBT (NPV)			
LEASE OBLIGATIONS			
OBLIGATIONS TO FORMER PARTNERS / SHAREHOLDERS			
PARTNER OR SHAREHOLDER EQUITY			

EMPLOYMENT INFORMATION

TOTAL NUMBER OF LAWYERS - CURRENT YEAR: PREVIOUS YEAR: TWO YEARS AGO:

INDICATE CURRENT NUMBER OF:	#		#		#
PARTNERS / OFFICERS / SHAREHOLDERS / MEMBERS		COUNSEL / OF COUNSEL / SPECIAL COUNSEL		OTHER STAFF	
ASSOCIATES / EMPLOYED LAWYERS		CONTRACT LAWYERS			

GENERAL CLIENT INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES — **Y / N**

1. DURING THE LAST THREE (3) YEARS, HAS ANY SINGLE CLIENT (INCLUDING ITS SUBSIDIARIES AND/OR AFFILIATES) ACCOUNTED FOR TWENTY PERCENT (20%) OR MORE OF THE APPLICANT'S GROSS BILLINGS IN ANY SINGLE YEAR?

CLIENT	YEAR	PERCENT	NATURE OF LEGAL SERVICES

2. DURING THE LAST THREE (3) YEARS, HAS THE APPLICANT PERFORMED LEGAL SERVICES FOR ANY PUBLICLY TRADED COMPANIES?

CLIENT	YEAR	NATURE OF LEGAL SERVICES

3. WITHIN THE PAST FIVE (5) YEARS, HAS THE APPLICANT OR ANY PAST OR PRESENT LAWYER, PROVIDED ANY LEGAL SERVICES IN CONNECTION WITH ANY SECURITIES-RELATED REPRESENTATION, WHETHER AS COUNSEL TO THE ISSUER, UNDERWRITER, OR PURCHASER OF SECURITIES OR AS SPECIAL COUNSEL RENDERING A LEGAL OPINION IN CONNECTION WITH A SECURITIES-RELATED REPRESENTATION, OR OTHERWISE?

4. HAS APPLICANT HAD A BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?

INTERNAL POLICIES AND PROCEDURES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES — **Y / N**

1. DOES THE APPLICANT HAVE A FULL-TIME OFFICE ADMINISTRATOR / MANAGER?

2. DOES THE APPLICANT MAINTAIN A FORMALIZED RISK MANAGEMENT PROGRAM?

3. DOES THE APPLICANT MAINTAIN A FIRM-WIDE RISK MANAGEMENT MANUAL? (Please attach a copy of the manual)

4. DOES THE APPLICANT HAVE A RISK MANAGEMENT PARTNER OR SOMEONE WHO ACTS AS THE FIRM'S RISK MANAGER?
   NAME:
   E-MAIL ADDRESS:

5. IN THE LAST TWO (2) YEARS, HAS THE APPLICANT HAD AN AUDIT OF ITS RISK MANAGEMENT PROCEDURES PERFORMED ON ITS BEHALF BY A RISK MANAGEMENT SPECIALIST FROM OUTSIDE THE FIRM? (Please attach copy of audit report)

6. DOES THE APPLICANT SHARE OFFICE SPACE WITH, OR SUBLET OFFICE SPACE TO, ANY ATTORNEYS WHO ARE NOT PREVIOUSLY LISTED ON THIS APPLICATION?

7. IS THE APPLICANT A SOLE PRACTITIONER? (If "YES", provide the name and address of the backup attorney)
   NAME:
   ADDRESS:

AGENCY CUSTOMER ID: _____

INTERNAL POLICIES AND PROCEDURES (continued - ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. DOES THE APPLICANT EVER SUBCONTRACT OR REFER LEGAL WORK OF ANY KIND TO OTHER LAW FIRMS OR ATTORNEYS?	
9. DOES THE APPLICANT MAINTAIN AN OFF-SITE LOCATION FOR THE MAINTENANCE OR STORAGE OF BACKUP CALENDAR SYSTEMS AND DUPLICATE COMPUTER RECORDS?	
10. DOES THE APPLICANT HAVE ANY ARRANGEMENTS IN PLACE FOR ALTERNATE OFFICE SPACE IN THE EVENT THAT ITS CURRENT OFFICE LOCATION(S) ARE RENDERED UNUSABLE?	
11. DOES THE FIRM UTILIZE AN ELECTRONIC DOCKET CONTROL SYSTEM?	
12. DOES THE FIRM HAVE AN ELECTRONIC CONFLICT AVOIDANCE SYSTEM?	
13. DOES THE FIRM USE ENGAGEMENT / DISENGAGEMENT LETTERS ON ALL MATTERS, INCLUDING MATTERS NOT UNDERTAKEN?	
14. DOES THE FIRM OUTLINE IN WRITING ITS BILLING POLICY AND PROCEDURES WHEN AGREEING TO REPRESENT A NEW CLIENT?	
15. DOES THE FIRM USE SCOPE OF SERVICE LETTERS WHEN TAKING ON NEW MATTERS FOR EXISTING CLIENTS?	
16. HAS FIRM INITIATED ANY SUITS FOR UNPAID FEES IN THE PAST THREE (3) YEARS? (If "YES", how many?)	

ATTORNEY INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ATTORNEY NAME	* DC	HOURS WORKED PER WEEK (If IC / OC)	ADMITTED TO BAR		YEAR STARTED PRIVATE PRACTICE	DATE JOINED FIRM (MM/DD/YYYY)	CURRENT RETRO DATE (MM/DD/YYYY)	CONT EDUCATION UNITS WITHIN THIS PAST YEAR ? (Y/N)
			STATE	YEAR				

*** DESIGNATION CODE (DC)** P - Partner IC - Independent Contractor A - Associate L - Leased
O - Owner / Officer / Shareholder RP - Retired Partner OC - Of Counsel S - Sole Practitioner

PRIOR COVERAGE

PRIOR CARRIER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS OF LIABILITY (per claim / aggregate)	DEFENSE LIMITS Y/N		RETENTION / DEDUCTIBLE	NUMBER OF ATTORNEYS	ANNUAL PREMIUM
				INSIDE	OUTSIDE			
								$
								$
								$
								$
								$
								$

PROVIDE THE DATE OF THE APPLICANT FIRM'S FIRST CLAIMS MADE POLICY (maintained without interruption to date): _____ **(MM/DD/YYYY)**

AGENCY CUSTOMER ID: _____

PRIOR COVERAGE (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE APPLICANT FIRM'S CURRENT POLICY CONTAIN A PRIOR ACTS LIMITATION OR RETROACTIVE DATE APPLICABLE TO THE APPLICANT FIRM OR ANY INDIVIDUAL ATTORNEY? (If "YES", provide date and attach a copy of the endorsement): **(MM/DD/YYYY)**	
2. DOES THE APPLICANT FIRM'S CURRENT POLICY HAVE ANY ENDORSEMENTS OR EXCLUSIONS OR COVERAGE LIMITATIONS TAILORED SPECIFICALLY TO THE APPLICANT FIRM? (If "YES", describe and attach a copy of the endorsement)	
3. HAS THE APPLICANT FIRM OR ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT EVER PURCHASED AN EXTENDED REPORTING PERIOD ENDORSEMENT? (If "YES", provide details)	
4. IN THE PAST FIVE (5) YEARS, HAS THE APPLICANT FIRM OR ANY OF ITS ATTORNEYS EVER HAD PROFESSIONAL LIABILITY INSURANCE OR SIMILAR INSURANCE DECLINED, CANCELLED OR NON-RENEWED? (If "YES", provide details) **(Missouri Applicants - Do not answer this question)**	
5. AFTER INQUIRY, HAS THE APPLICANT OR ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE APPLICANT EVER BEEN: ☐ DISBARRED ☐ REPRIMANDED ☐ PLACED ON PROBATION ☐ THE SUBJECT OF ANY DISCIPLINARY COMPLAINT, GRIEVANCE OR ACTION BY ANY COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY, OR REGULATORY BODY ☐ REFUSED ADMISSION TO PRACTICE LAW ☐ SANCTIONED ☐ HELD IN CONTEMPT ☐ SUSPENDED ☐ FINED IF "YES", ATTACH AN ADDENDUM OUTLINING THE RELEVANT DETAILS, INCLUDING THE NAME OF THE LAWYER, DATES, CURRENT DISPOSITION AND A COPY OF THE FINAL OPINION OR DECISION OF THE COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY OR REGULATORY BODY.	
6. AFTER INQUIRY, HAS ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE APPLICANT EVER BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE? (If "YES", attach an Addendum outlining the relevant details, including the name of the prosecuting jurisdiction, date of disposition and the sentence and/or sanctions imposed)	

PREDECESSOR FIRM

FIRM NAME	TYPE OF ENTITY	# ATTORNEYS AT DISSOLUTION	DISSOLUTION DATE	ERP PURCHASED? Y / N

LOSS HISTORY ☐ Check if none

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IN THE PAST FIVE (5) YEARS, HAS ANY PROFESSIONAL LIABILITY CLAIM OR SUIT EVER BEEN MADE AGAINST THE APPLICANT FIRM OR ANY PREDECESSOR FIRM OR ANY CURRENT OR FORMER ATTORNEY OF THE APPLICANT FIRM OR PREDECESSOR FIRM? (If "YES", provide details in the table below)	
2. DOES ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT KNOW OF ANY INCIDENT, ACT, ERROR OR OMISSION THAT COULD RESULT IN A CLAIM OR SUIT AGAINST THE APPLICANT FIRM OR ANY PREDECESSOR FIRM OR ANY OF THE CURRENT OR FORMER ATTORNEYS OF THE APPLICANT FIRM? (If "YES", provide details in the table below)	
3. HAS ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT BEEN REFUSED ADMISSION TO PRACTICE, DISBARRED, SUSPENDED, REPRIMANDED, SANCTIONED, OR HELD IN CONTEMPT BY ANY COURT, ADMINISTRATIVE AGENCY OR REGULATORY BODY OR BEEN THE SUBJECT OF A DISCIPLINARY COMPLAINT MADE TO ANY OF THE AFOREMENTIONED ENTITIES? (If "YES", provide details)	

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST FIVE (5) YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

TRAINING AND SUPERVISION

	Y / N
1. DOES THE APPLICANT MAINTAIN A FORMAL TRAINING PROGRAM FOR NEW LAWYERS AS TO FIRM PROCEDURES, LOCAL PRACTICE RULES, AND RULES OF PROFESSIONAL CONDUCT?	
2. ARE ALL LAWYERS IN THE FIRM CURRENTLY COMPLIANT WITH LOCAL CLE REQUIREMENTS?	
3. DOES THE FIRM REQUIRE AT LEAST AN ANNUAL REVIEW OF EVERY ASSOCIATE'S WORK?	
4. DOES THE FIRM REQUIRE AT LEAST AN ANNUAL REVIEW OF ALL PARTNERS' WORK?	
5. DOES THE FIRM HAVE A FORMAL PROCESS TO EVALUATE THE PERFORMANCE OF NON-LAWYER STAFF?	

AGENCY CUSTOMER ID: _____

OUTSIDE INTEREST

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE FIRM HAVE A WRITTEN POLICY AS RESPECTS TO EQUITY INTEREST IN CLIENTS?	
2. DOES THE FIRM ACCEPT AN EQUITY INTEREST IN CLIENTS IN LIEU OF LEGAL FEES? (If "YES", provide details)	
3. DOES ANYONE IN THE FIRM SERVE IN A POSITION OF DIRECTOR, OFFICER, PARTNER OR MANAGER OF ANY CLIENT BUSINESS OR ORGANIZATION?	
4. DOES ANYONE IN THE FIRM HOLD AN EQUITY OR DEBT INTEREST IN ANY BUSINESS OR ORGANIZATION THAT IS ALSO A CLIENT OF THE FIRM? (If "YES", indicate the percent): _____ %	
5. DOES ANYONE IN THE FIRM SERVE AS AN EMPLOYEE OF ANY BUSINESS OR ORGANIZATION OTHER THAN THE FIRM?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	LETTERHEAD	☐	CLAIMS INFORMATION	☐	
☐	CURRENT RETROACTIVE DATE ENDORSEMENT	☐	ORGANIZATIONAL CHART	☐	
☐	CURRENT DECLARATIONS PAGE	☐		☐	

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable 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 (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER