



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY



PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.SM

8015 Bronco Lane, Suite 100
Lago Vista, Texas 78645
1.800.761.7547 / (512) 328.0677
FAX (512) 327.5834
http://www.plisinc.com
E-MAIL underwriting@plisinc.com

(CLAIMS-MADE & REPORTED BASIS)

****PREMIUM FINANCING AVAILABLE****

Instructions to Applicant:

Please read all questions and statements carefully. Answer all questions in ink. If answer is none, state "none". If space is insufficient to answer all questions, use separate sheets of paper. All attachments must be signed and dated by named Applicant, partner or officer.

A copy of your business stationary must be attached. Application must be signed and dated by named Applicant, partner, officer or owner on page 4.

1a. Name of Applicant: _____
(name of firm)

1b. Name of Contact: _____

2. Address: _____
(street) (city) (county)

(state) (zip code) Telephone: _____ Fax: _____

3. Date firm established: _____

4. Applicant is a: Partnership Professional Corporation Limited Liability Partnership
 Sole Proprietor Other: _____

5. If the Applicant is a sole proprietor, is a back-up lawyer available? Yes No

6a. During the past three years, has the name of the Applicant been changed or has the number of lawyers in the firm altered more than 25% in any one year? If yes, provide details on the Detail Information Addendum. Yes No

6b. List all predecessor firms of Applicant during the past seven years: (A predecessor firm is any legal entity which is engaged in the practice of law to whose financial assets and liabilities the Applicant is the MAJORITY SUCCESSOR IN INTEREST.) If none or not applicable, state "none" or N/A. _____

NAME OF FIRM	DATES OF EXISTENCE
_____	_____
_____	_____
_____	_____
_____	_____

7. State the total number of non-lawyer personnel: _____
Receptionist _____ Paralegals _____ Accounting _____ Secretaries _____ Investigators _____

8. Is any lawyer proposed for this insurance an employee of any other organization? Yes No
If yes, provide details on the Detail Information Addendum

9. Is the Applicant engaged in full-time private practice of law? Yes No
If no, please provide details on Detail Information Addendum

10. Indicate the percentage of the Applicant's income and cases derived from the following types of practice (must equal 100%)

	Revenue %	Cases		Revenue %	Cases
Abstracting / Title	_____	_____	Health	_____	_____
Ad Valorem Tax	_____	_____	Housing Court	_____	_____
Admiralty – Law	_____	_____	Immigration	_____	_____
Admiralty – Plaintiff	_____	_____	Insurance Co. Defense	_____	_____
Admiralty – Defendant	_____	_____	International	_____	_____
Antitrust/Trade Regulation	_____	_____	Juvenile Proceedings	_____	_____
Banking ++	_____	_____	Limited Partnerships ++	_____	_____
Bankruptcy	_____	_____	Mediation / Arbitration	_____	_____
Bonds ++	_____	_____	Municipal (not bond)	_____	_____
Civil Rights	_____	_____	Oil & Gas +	_____	_____
Collection +	_____	_____	Personal Injury:		
Commercial Litigation:			Plaintiff ++	_____	_____
Plaintiff++	_____	_____	Defendant	_____	_____
Defendant	_____	_____	Public Utilities	_____	_____
Communication (FCC)	_____	_____	Real Estate: ++		
Copyright /Patent /Trademark ++	_____	_____	Residential	_____	_____
Corporate Administrative Law	_____	_____	Commercial	_____	_____
Corporate:			Securities Law ++:		
Formation +	_____	_____	Federal S.E.C.	_____	_____
General +	_____	_____	Federal Exemptions	_____	_____
Mergers and Acquisitions +	_____	_____	State S.E.C.	_____	_____
Criminal	_____	_____	Private Placements	_____	_____
Domestic and Family Relations	_____	_____	Social Security Administration	_____	_____
Entertainment +	_____	_____	Syndication ++	_____	_____
Employment Practices	_____	_____	Taxation:		
Plaintiff	_____	_____	Individual	_____	_____
Defense	_____	_____	Corporate	_____	_____
Environmental +	_____	_____	Water Law	_____	_____
Estate Planning	_____	_____	Wills and Trusts	_____	_____
Estate / Probate / Trust	_____	_____	Workers Comp:		
ERISA	_____	_____	Plaintiff	_____	_____
Financial Planning / Investment	_____	_____	Defendant:	_____	_____
Counseling +	_____	_____	Other	_____	_____
Foreclosure / Repossession	_____	_____	TOTAL	_____	_____

+ Provide details on the Detail Information Addendum for any percentages in these categories
++ Complete the appropriate supplemental application for any percentages listed in these categories

11. Based on the percentages above, what percentage is defense work? _____
12. Are there other office locations? If YES, please provide details on the Detail Information Addendum. Yes No
- 13a. Do you share office space with other lawyers not part of the applicant firm? Yes No
- 13b. Do you share any staff? Yes No
- 13c. Do you share letterhead? Yes No
- If YES to 13a, b or c, please provide details on the Detail Information Addendum
14. Does any lawyer proposed for this insurance act as director, officer, partner or trustee for, or exercise any form of managerial or fiduciary control over any business enterprise other than the applicant? **++** Yes No
15. Does any lawyer proposed for this insurance own, manage, have financial control over or equity interest in any business enterprise other than the applicant? **++** Yes No
16. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency? If YES, provide details on the Detail Information Addendum. Yes No
17. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyer proposed for this insurance been declined, canceled or non-renewed? If YES, provide details on the Detail Information Addendum. Yes No
18. Have any claims or suits been made during the past five years against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance regardless of whether or not insurance was in place at the time the claims or suits were made? Yes No
19. After inquiry of each lawyer listed on the Lawyers Detail Addendum, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of any circumstance, act, error, omission or personal injury which might be expected to be the basis of a claim or suit? Yes No

If yes to Questions 16, 18 or 19, please complete a Claim Supplement for each claim / incident / circumstance.

NOTICE

To avoid loss of coverage, it is imperative that all known circumstances, acts, errors, omissions or personal injuries which could result in a professional liability claim against the Applicant, its predecessor firms or any lawyer in the firm be reported to your current insurer within the time period specified in your current policy. It is agreed that if there is knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

20. List all Lawyers Professional Liability Insurance carried during the past five consecutive years for the Applicant and / or any predecessor firm thereof. ***If no current coverage is in force, check the box:***

Insurance Company Insured	Limit of Liability Per Claim/Aggregate	Deductible	Premium	Policy Period (mm/dd/yy)	Number of Lawyers

21a. State the number of years the Applicant and its predecessor firm(s) has maintained continuous Claims-Made Lawyers Professional Liability Insurance: _____

21b. Does the current policy have a retroactive/prior acts date applicable to the firm? Yes No
If yes, provide exact date: _____

22a. Has the Applicant or any lawyer proposed for this insurance purchased an Extended Reporting Period (ERP) Endorsement? Yes No

22b. If yes, complete: Name of firm/lawyer ERP is issued to: _____
Effective from: _____ to _____

23. Docket/Diary Control System:

a. Do you utilize a: (check all that apply)

calendar (perpetual or annual) tickler file pocket diary computerized system

b. Does your control system include: (check all that apply)

litigated/non-litigated items statute of limitations dates for long-term matters

c. Does the ultimate responsibility for docket control of litigation rest with the lawyer handling the case? Yes No

d. Do you cross-check controls? Yes No If yes, how often? daily weekly monthly

24. How many suits for unpaid legal fees were filed against clients or former clients to collect fees in the last 12 months? _____. Please provide details on a separate sheet of paper.

25. Does the Applicant utilize the following for all clients? Any NO response requires details on the Detail Information Addendum.

a. Engagement letters which includes the scope of services and fee arrangements? Yes No

b. Non-engagement/declination letters? Yes No

c. Dis-engagement/closing letters? Yes No

26a. Does the Applicant maintain a conflict of interest avoidance system? If yes, check all applicable systems:

computer index file conflict committee other (describe): _____

b. How are conflict of interest situations addressed and disclosed to clients/potential clients? Check all that apply.

non-engagement letter signed waiver obtained from all parties

oral disclosure to all parties referral to other lawyer/law firm

Limit of Liability Desired: _____ Deductible Desired: _____

PLEASE ATTACH A COPY OF YOUR BUSINESS STATIONERY

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverages contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Lawyers Professional Liability Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverage(s) provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known. The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, the Applicant will immediately notify The Company of such change prior to inception of the Policy.

The following Fraud Warning applies in 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.

The following Fraud Warning applies in Kentucky: 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.

The following Fraud Warning applies in Michigan: Any person, who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and the payment of a fine up to \$5,000.00.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in Ohio: Any person who, with 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.

The following Fraud Warning applies in All Other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____ Title: _____

Date: _____

DETAIL INFORMATION ADDENDUM

Use this addendum to capture the detailed information requested in the Lawyers Professional Liability Insurance Application. Question numbers refer to the question numbers on the application. This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the application are applicable to the information provided herein.

6a. During the past three years, has the name of the Applicant been changed or has the number of lawyers in the firm altered more than 25% in one year? (Provide details for a 'yes' response) _____

8. Is any lawyer proposed for this insurance an employee of any other organization? (Provide details for a 'yes' response.) _____

9. Is the applicant involved in full-time private practice of law? (Provide details for a 'no' response) _____

10. Areas of Practice Detail:

Collection - Does the firm maintain compliance with the Fair Debt Collection Practices Act:

- a. under federal statutes? Yes No
- b. Under state statutes in any or all states where debt demand letters are sent? Yes No

Corporate General – Provide complete details: _____

Corporate Mergers & Acquisitions (provide a description including noting if any are/were hostile or unfriendly and if any are/were over \$25M in combined assets:

Corporate Formation: _____

Entertainment: _____

Environmental: _____

Financial Planning / Investment Counseling: _____

Oil & Gas (also include whether or not title work is involved): _____

Other (please provide a complete description): _____

12. Are there other office locations? (Provide details for a 'yes' response) _____

13. Do you share office space and/or staff or letterhead with any lawyer not part of the applicant firm? (Provide details for a 'yes' response) _____

16. Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against them by any court or administrative agency?? (Provide details for a 'yes' response) _____

17. Has any application for Lawyers Professional Liability Insurance on behalf of the applicant, its predecessor firms or any lawyer proposed for this insurance been declined, canceled or non-renewed? (Provide details for a 'yes' response) _____

24. How many suits for unpaid legal fees were filed against clients or former clients to collect fees in the last 12 months?

25. Does the Applicant utilize the following for all clients? (Provide details for a 'no' response)

Engagement Letters:

Non-Engagement Letters:

Dis-Engagement / Closing Letters:

LAWYERS DETAIL ADDENDUM

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

DESIGNATION DESCRIPTIONS: O = OFFICER / DIRECTOR / SHAREHOLDER P = PARTNER S = SOLE PROPRIETOR E = EMPLOYED LAWYER A= ASSOCIATE

RP=RETIRED PARTNER OF APPLICANT OC = OF COUNSEL TO FIRM IC = INDEPENDENT CONTRACTOR

Name of Lawyer	Age	Position in Firm	If Of Counsel/ Independent Contractor provide # of hours worked for applicant firm weekly	Date Admitted to bar MM/YY	Date of hire to this firm MM/DD/YY	Number of years covered by Professional Liability Insurance	Total Number of CLE hours completed in the last 12 months
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

SUPPLEMENTAL APPLICATIONS BEGIN HERE.

COMPLETION IS REQUIRED FOR AREAS OF PRACTICE THAT
HAVE THE “++” SYMBOL NEXT TO THEM ON PAGE 2 OF THIS
APPLICATION

IF FURTHER SPACE IS NEEDED PLEASE ATTACH RESPONSES
ON BLANK PAPER WITH THE QUESTION AND/OR NAME OF
THE SUPPLEMENT THOSE RESPONSES CORRESPOND TO.

PLAINTIFF'S REPRESENTATION SUPPLEMENT

This addendum is a part of the application and will become a part of any policy issued. Any warranty or fraud statements on the signature page of the Lawyers Professional Liability Application are applicable to the information provided herein.

1. Please provide the following for all lawyers involved with the Plaintiff Practice in the firm:

Name	Years of Litigation Experience	Avg Annual Plaintiff Activities Case Load Per Attorney	Hours Devoted to Plaintiff Activities During the Last 12 Months	Total Practice Hours During the Last 12 Months

2. What is the percentage of time devoted to representation of plaintiffs in the following areas of practice:

- a. Bodily Injury/Personal Injury _____ %
- Product Liability _____ %
- Medical Malpractice _____ %
- Other (please specify) _____ %

b. Does any member of the firm handle class action/multiple plaintiff cases? Yes No
If yes, please provide all details by separate attachment.

c. What percentage of plaintiff suits that you have filed were terminated by:
Trial/verdict _____ Settlement _____

3. What is the estimated average dollar size of judgments, awards and settlements in Plaintiff cases handled by the firm?
\$ _____

4. Describe procedures used to prevent missed statute of limitation.

5. When accepting a case in an uncommon jurisdiction, what procedures are utilized to ensure that statutes of limitations are properly identified? _____

6. In the past two years provide the number of cases your firm accepted where there was less than six months before the running of the statute of limitations. _____

7. Does an attorney meet with every client prior to accepting the representation of that client? Yes No

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverages contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

Signature of Applicant (must be signed by Partner, Owner or Officer)

Date

REAL ESTATE SUPPLEMENT

This supplemental application must be completed for percentages listed in the Real Estate Commercial, Real Estate Residential and/or Abstracting/Title Areas of Practice as listed on the Areas of Practice Grid on page 2 of 4 of the Service Lloyd's Application.

1. Please provide approximate percentage of gross firm billings for each of the following that most accurately describes your practice in the above listed areas during the past 24 months.
 - a. Residential title searches; title opinions and other title work: _____%
 - b. Commercial title searches; title opinions and other title work: _____%
 - c. Any opinions performed on raw and/or vacant land (residential or commercial) _____%
 - d. Residential Closings: _____%
 - e. Commercial Closings: _____%
 - f. Residential Land Use, Zoning: _____%
 - g. Commercial Land Use, Zoning: _____%
 - h. Eminent Domain: _____%
 - i. Mineral Rights (sale, transfer, etc): _____%

2. Please provide the following information for any attorney(s) involved in providing legal services to clients in the areas of Real Estate Syndication, Limited Partnership, Real Estate Trusts or Development Projects in the last five (5) years.

Name of Attorney	Experience (Years)	% of Time devoted
_____	_____	_____

3. Please list all Real Estate Syndication, Limited Partnership, Real Estate Trust or Development projects for which the firm has performed legal services during the past five (5) years. Include a brief description of the services provided.

4. Does the Firm or any member of the firm hold equity interest in a Title Agency? Yes No
If yes, provide the name of the Title Agency the percentage of interest and any position held:

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverage contained therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

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Signature of Partner/Officer/Owner of the Applicant Firm

Date

FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION SECTION

A financial institution may include any bank, savings and loan, savings and loan association, credit union and/or mortgage company/corporation. If the Applicant, or its predecessor firms, currently provides legal services for any financial institution, or has done so within the past five (5) years, complete this supplement.

1. Have services rendered to financial institution(s) been limited to: bankruptcy, conveyances, collection, foreclosures, loan documentation, loan workout, residential or commercial real estate loan closings, title and/ or trust work? Yes No
If YES, you do **not** need to complete the remainder of this section.

2. Has any lawyer proposed for this insurance performed the following for any financial institution:

a. Initial formation of a financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Securities work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Prepared responses to regulatory examinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Provided advice on regulatory issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Approved loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes: Are loans approved for firm's clients? Yes No
 Do you abstain from voting on loans for firm's clients? Yes No
 How many members are on the loan committee? _____
 What type of loans are/were approved? _____
 What is the average size of loans approved? \$ _____

If yes to any of the above, complete the following for each entity:

<u>Full Name of Entity</u>	<u>State Services Rendered</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet(s) if necessary

3. Indicate if any lawyer has served a financial institution in one or more of the following capacities. If yes, describe services rendered:

- a. Audit Committee _____
- b. Executive Committee _____
- c. Loan Committee _____
- d. Officer _____
- e. Director _____
- f. General Counsel _____

If yes to any of the above, complete the following for each entity:

<u>Full Name of Entity</u>	<u>State Services Rendered</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet(s) if necessary

COPYRIGHT / PATENT / TRADEMARK SUPPLEMENTAL APPLICATION

1. Provide a breakdown of the firm's copyright, patent and trademark practice into the following categories:

- a. Intellectual Property Litigation _____
- b. Patent Infringement Counseling _____
- c. Domestic Patent Prosecution _____
- d. Foreign Patent Prosecution _____
- e. Trademark Registration/Licensing _____
- f. Copyright Registration/Licensing _____
- g. Patent Searches _____

2. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:

- a. Statutory bar dates? Yes No
- b. Fee due dates, whether out-sourced or not? Yes No
- c. Response dates? Yes No

3. Who reviews the docket entries for accuracy? Check all that apply.

- Billing Partner Partner in charge of work Associate
Paralegal Secretary Docketing Personnel

4. Does the firm outsource to other entities for:

- a. Searches Yes No
- b. Payment of Maintenance/Annuity fees? Yes No

If **Yes**, to either a. or b. above, does the firm:

5. Verify the outsource entity carries professional liability insurance coverage? Yes No

6. Obtain proof of insurance, such as a certificate of insurance? Yes No

7. How does the firm choose an outsource entity? **Check all that apply.**

- Review of work product Recommendations from other law firms
Yellow Pages Advertisements in legal publications/law journal

Copyright Not Applicable

8. Does the firm's docket system include dates for:

- a. copyright renewal filing? Yes No
- b. responses to an Office Action? Yes No
- c. infringement action filing? Yes No

9. What is the firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client? _____

10. Are transfers of ownership of copyright from one client to another fully documented in writing? Yes No

Patent Not Applicable

11. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to filing of a patent application? Yes No

12. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to pursue a foreign patent application? Yes No

13. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications filed in foreign countries? Yes No

14. Does the firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for U. S. Patents? Yes No

15. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force? Yes No
16. Does the firm advise the client in writing to mark the patented product with the appropriate patent number? Yes No
17. Indicate the percentage of the types of Patent Opinions rendered by the firm.
- a. Patentability _____
- b. Infringement _____
- c. Validity: _____
18. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion? Yes No
19. Does the firm guarantee patent opinions rendered? Yes No
20. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995? Yes No

Trademark Not Applicable

21. Does the firm's docket system advise regarding dates for:
- a. Response to all PTO actions? Yes No
- b. Declaration of use after registration? Yes No
- c. Statement of incontestability after registration? Yes No
- d. Renewal of trademark? Yes No
22. Does the firm:
- a. Perform searches of the records of the PTO for trademarks?
- b. Search common law sources, such as publications and business indices for existing trademarks?
- c. Outsource the searching to an entity to:
1. Perform PTO searches? Yes No
2. Search common law sources? Yes No
23. Does the firm advise that the trademark search is not guaranteed against all common law sources? Yes No
24. Are transfers of ownership of trademark from one entity to another fully documented in writing? Yes No
25. Are all trademark assignments promptly and properly recorded with the PTO? Yes No
26. Does the firm advise the client in writing of the use of proper trademark notice? Yes No

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverages contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

Signature of Partner/Officer/Owner of the Applicant Firm

Date

SECURITIES SUPPLEMENTAL APPLICATION

Securities related activities means securities or transactions, which are subject to or exempt from the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Advisors Act of 1940 or State Blue Sky or securities laws or any amendments thereto.

1a. List the names of all lawyers engaged in securities and/or securities related activities:

NAME	TITLE	YEARS IN THIS SPECIALTY	FORMER S.E.C. STAFF MEMBER? YES / NO

1b. Attach a description of the lawyer's qualifications and expertise in this specialty, including any continuing legal education courses taken by these lawyers in the past three years with regard to this specialty.

2a. State the gross income derived from securities and/or securities related activities:

Last twelve months \$ _____ Anticipated next twelve months \$ _____

2b. Does the Applicant accept securities in lieu of fees as payment for services rendered involving securities and/or securities related activities? If yes, provide details by separate attachment. Yes No

2c. Does the Applicant have a policy prohibiting or restricting lawyers from investing with clients or otherwise entering into a business relationship (other than lawyer/client)? If yes, attach a copy of the policy. Yes No

2d. Does any lawyer proposed for this insurance have a business relationship (other than lawyer/client) with any person or entity other than those situations identified in the Outside Interests/Directors & Officers Supplemental Application? If yes, provide details by separate attachment. Yes No

2e. If the Applicant is a sole practitioner, is a back-up lawyer available in the Applicant's absence who is qualified to handle securities and/or securities related activities? Yes No

3a. For each of the past three years, list the percentage of securities and/or securities related activities performed for new clients.
Year: _____ / _____% Year: _____ / _____% Year: _____ / _____%

3b. Attach a copy of the procedures utilized for screening new clients.

4a. Is any investigation conducted with regard to any litigation that the firm's securities clients may be involved in? If no, explain by separate attachment. Yes No

4b. Is any investigation conducted regarding the reputation of the firm's securities clients? Yes No

5a. Does the Applicant follow any established "due diligence" procedures? Yes No
If yes, attach a copy of these procedures including any checklists utilized in conjunction therewith. If no, attach a detailed description of steps taken to satisfy the "due diligence" requirements.

5b. Is a "cold review" of securities transactions by an uninvolved senior member of the firm required prior to release or signature? *If no, explain by separate attachment.* Yes No

6. Does the Applicant make recommendations as to the sale or purchase of any specific stocks, bonds or other securities related investments? If yes, explain by separate attachment. Yes No

7.a. List on the Securities Addendum all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past three years.

7b. In addition to the transactions listed on the Securities Addendum, is the Applicant involved in any other work involving securities? If yes, explain by separate attachment. Yes No



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY



PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.SM

8015 Bronco Lane, Suite 100
Lago Vista, Texas 78645
1.800.761.7547 / (512) 328.0677
FAX (512) 327.5834
http://www.plisinc.com
E-MAIL underwriting@plisinc.com

(CLAIMS-MADE & REPORTED BASIS)

CLAIM INFORMATION SUPPLEMENT PROFESSIONAL LIABILITY

This form must be completed in **its entirety** for each claim or incident

1. Full name of Applicant/Insured firm: _____
2. Full name of individual(s) involved in claim/incident: _____
3. If different than 1. above, name of firm involved in claim/incident _____
4. Additional defendants: _____
5. Full name of claimant: _____
6. Is/was the claimant a client of the firm? Yes No
- 7a. Date claim/incident made against firm: _____ 7b. Date of act giving rise to the claim/incident: _____
- 7c. Date claim/incident reported to Insurer: _____ 7d. Name of Insurer you reported claim to: _____
- 8a. Area of Practice involved in claim: _____
- 8b. Indicate status: Claim/Suit Incident Grievance and whether it is: Open or; Closed
9. If claim/incident is closed, answer a., b. & c. below. If claim/incident is open, please go to Question 10.
- 9a. Total defense costs paid: \$ _____ Total indemnity paid: \$ _____
- 9b. Was loss paid by Insurer? Yes No If YES, total deductible applied: \$ _____
Total paid, excess of deductible: \$ _____
- 9c. Out of Court Settlement: Yes No Date of settlement: _____
Court Judgment: Yes No Date of judgment: _____
10. If claim/incident is open, please answer the following.
Claimant's settlement demand: \$ _____
Defendant's offer for settlement: \$ _____
Insurer's loss reserve: \$ _____
Applicant/Insured's estimate of settlement amount: \$ _____

*** Unknown is not acceptable. Please contact either defense counsel or insurance company for a good faith estimate.**

11. Give a description of alleged act, error, omission or personal injury upon which claimant bases the claim. Include events leading to the claim. PLEASE DO NOT **ATTACH SUMMONS AND COMPLAINT**. Attach addendum if space below is insufficient.

12. Did this claim/incident arise as a result of a fee dispute/collection of fees?

Yes No

13. Explain what action has been taken to prevent a recurrence of a similar claim/incident. Attach addendum if space below is insufficient.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company. The undersigned further understands that the answers or statements contained in the application, if untrue or false, shall render the policy and the coverages contain therein void or voidable at the option of the insurer. The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy. The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis.

The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Insurer, and the statements made herein shall be construed as representations and warranties of the Applicant.

The following Fraud Warning applies in 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.

The following Fraud Warning applies in Kentucky: 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.

The following Fraud Warning applies in Michigan: Any person, who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to 1 year for a misdemeanor conviction or up to 10 years for a felony conviction and the payment of a fine up to \$5,000.00.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in Ohio: Any person who, with 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.

The following Fraud Warning applies in All Other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Partner, Officer and/or Owner

Date Signed