

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
RENEWAL APPLICATION**

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

NOTICE: THIS IS A CLAIMS MADE POLICY. SUBJECT TO ALL ITS TERMS AND CONDITIONS, THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD.

THIS POLICY PROVIDES COVERAGE ONLY FOR CLAIMS AGAINST THE INSURED (1) INVOLVING ACTS, ERRORS, OR OMISSIONS THAT FIRST OCCURRED ON OR AFTER THE RETROACTIVE DATE AND (2) ABOUT WHICH, PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, NO INSURED KNEW OR SHOULD HAVE KNOWN OF FACTS THAT REASONABLY COULD HAVE BEEN EXPECTED TO RESULT IN A CLAIM.

COVERAGE UNDER THIS POLICY OR ANY SUBSEQUENT RENEWAL OF THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, SUBJECT TO THE POLICY TERMS AND CONDITIONS. THIS POLICY INCLUDES A SIXTY (60) DAY LIMITED AUTOMATIC REPORTING PERIOD, BEGINNING AT THE TERMINATION OF THE POLICY PERIOD, SUBJECT TO THE POLICY TERMS AND CONDITIONS. UPON TERMINATION OF THIS CLAIMS MADE POLICY, ALL COVERAGE UNDER THE POLICY CEASES, EXCEPT FOR THE LIMITED AUTOMATIC REPORTING PERIOD, UNLESS AN EXTENDED REPORTING PERIOD ENDORSEMENT IS IN EFFECT.

THIS POLICY PROVIDES THE NAMED INSURED OR INDIVIDUAL INSURED THE OPTION TO PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT AS STATED IN SECTION 6.2 OF THE POLICY, FOR AN UNLIMITED DURATION OR FOR A ONE (1), TWO (2), THREE (3), FOUR (4) OR FIVE (5) YEAR PERIOD. PLEASE NOTE: FAILURE TO OBTAIN AN EXTENDED REPORTING PERIOD ENDORSEMENT CAN CREATE A GAP IN COVERAGE IF THE NAMED INSURED OR INDIVIDUAL INSURED DOES NOT PURCHASE REPLACEMENT COVERAGE, OR PURCHASES COVERAGE WITH A LATER RETROACTIVE DATE THAN THE APPLICABLE RETROACTIVE DATE OF THIS POLICY. A GAP ALSO MAY OCCUR IF THE EXTENDED REPORTING PERIOD ENDORSEMENT IS NOT IN PLACE FOR AN UNLIMITED DURATION.

CLAIMS MADE RATING: THIS POLICY IS RATED USING A “STEP RATING” PROCESS. THE POLICY WILL MATURE OVER A PERIOD OF YEARS OF CONTINUOUS COVERAGE, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE POLICY IS MATURE, AT WHICH TIME THE STEP RATING WILL END.

NOTICE: UNLESS OTHERWISE STATED IN AN ATTACHED ENDORSEMENT, IF THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS OF THIS POLICY IS \$500,000 OR MORE, CLAIM EXPENSES WILL BE APPLIED TOWARD THE DEDUCTIBLE IN ITEM 5 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE. CLAIM EXPENSES IN EXCESS OF 50% OF THE EACH CLAIM LIMIT OF THE DEDUCTIBLE WILL BE APPLIED AGAINST THE EACH CLAIM LIMIT IN ITEM 4 OF THE DECLARATIONS, NOT TO EXCEED 50% OF THE EACH CLAIM LIMIT. REGARDLESS OF THE AMOUNT OF CLAIM EXPENSES INCURRED, THE PORTION OF THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS SHALL NOT BE REDUCED TO AN AMOUNT LESS THAN FIFTY PERCENT (50%) OF THE AGGREGATE LIMIT OF LIABILITY OF THE POLICY. THE COMPANY IS NOT OBLIGATED TO PAY ANY FURTHER CLAIM EXPENSES OR DAMAGES ONCE THE COMPANY HAS PAID THE LIMIT OF LIABILITY.

Applicant Instructions: Please complete all questions, noting N/A where not applicable. Enclose a copy of the law firm’s letterhead. The application must be dated and signed by a partner, officer or owner of the firm.

1. Name (Primary Firm Name): _____

Is this a d/b/a (doing business as) name? Yes No If yes, provide legal name: _____

Policy Number: _____ Renewal Date: _____

Contact Person: _____ Email Address: _____

Street Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Office Phone: _____ Office Fax: _____ Website: _____

2. a. Have any lawyers left the firm since completion of the last application? Yes No
If yes, please provide on a separate sheet the name(s) of the lawyer(s) who left and the termination date for each, if not previously reported.
- b. Have any lawyers joined the firm since completion of the last application? Yes No
If yes, please complete an Add Lawyer Information Supplement for each new hire not previously reported.
- c. Have any lawyer(s) changed to full-time or to part-time since completion of the last application? Yes No
If yes, please provide on a separate sheet the name(s) of the lawyer(s) and average weekly hours.
3. Since completion of the last application, has the firm:
- a. changed its procedures for docket/diary control?..... Yes No
- b. filed any fee suits against clients?..... Yes No
- c. changed its conflict of interest procedures? Yes No
- d. changed its back-up lawyer? Yes No
- e. implemented or changed its web site?..... Yes No
- f. increased or decreased the number of support staff? Yes No
- If yes to any of the above, please explain on a separate sheet.**
4. Since completion of the last application, has an office location been added, or has the applicant entered into an office sharing arrangement? Yes No
If yes, please explain on a separate sheet.
5. For any entity other than civic, charitable, or public benefit non-profit organization, does any lawyer:
- a. have a new position as a director/officer/trustee or partner? Yes No
- b. have a change in any previously reported position or equity?..... Yes No
- c. have any new or changed managerial/fiduciary control?..... Yes No
- d. have any new or changed ownership or management? Yes No
- e. act as an employee of any organization other than the applicant? Yes No
- f. provide any professional services other than as a lawyer? Yes No
- If yes, please complete the Outside Interests Supplement**
6. Gross Revenue for the most recent calendar year: _____
7. Since completion of the last application were any services performed in the areas of:
- | | |
|--|--|
| <input type="checkbox"/> IPO, Bond Private Placement Syndication, Securities | <input type="checkbox"/> Class Action |
| <input type="checkbox"/> Entertainment Client or Industry | <input type="checkbox"/> Copyright, Patent or Trademark |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Oil and Gas |
| <input type="checkbox"/> Foreign Adoptions | <input type="checkbox"/> Construction Defect (Plaintiff) |
- If yes, please provide details on firm letterhead.**
8. Since completion of the last application, has the firm been adjudicated bankrupt or insolvent or subject to a pending bankruptcy petition? **If yes, please explain on a separate sheet.** Yes No
9. Since completion of the last application, has any lawyer covered under the policy been the subject of any investigation or disciplinary action regarding their license to practice? **If yes, please explain on a separate sheet.** Yes No
10. Since completion of the last application, has any lawyer covered under the policy been refused admission to the bar or any bar association, court, or administrative agency? **If yes, please explain on a separate sheet.** Yes No
11. During the current policy year, have any claims or suits been made against the firm, its predecessor firms, or any of the lawyers proposed for this insurance that have not been previously reported to this Company? Yes No
If yes, please complete the Claim Information Supplement
12. Is any member of the firm aware of any act, error, omission, or specific circumstances involving a particular person or entity which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? **If yes, please explain on a separate sheet.** Yes No

13. AREA OF PRACTICE

Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the Area of Practice Supplement, if needed (MUST TOTAL 100%). **If there has been no change in the past 12 months, you may indicate that here and not complete the chart below.** No Change

COLUMN A		COLUMN B		COLUMN C	
	Percentage		Percentage	Plaintiff	
					Percentage
Ad Valorem Tax – Commercial	%	Oil and Gas	%	Admiralty	%
Ad Valorem Tax – Residential	%	Public Utilities	%	BI/PI Plaintiff	%
Administrative Law	%	Social Security	%	Civil Rights / Employment	%
Adoptions	%	TAX-Commercial Preparation	%	Class Action / Mass Tort	%
Antitrust Trade Regulations	%	TAX-Individual Preparation	%	Commercial Litigation	%
Appellate - Non Criminal	%	TAX – Opinions	%	Legal Malpractice	%
Bankruptcy	%	Venture Capital	%	Medical Malpractice	%
Collection	%	Water Law	%	Product Liability	%
Communication	%			Workers Compensation	%
Construction	%			Other	%
Corporation Formation	%	Defense			
Corporate General	%	Admiralty	%	Abstracting/Title	%
Divorce - Marital Assets < \$2M	%	Arbitration / Mediation	%	Banking/Financial Institutions	%
Divorce - Marital Assets \$2M to \$5M	%	BI/PI	%	Entertainment	%
Divorce - Marital Assets > \$5M	%	Civil Rights/Employment	%	Estate Planning - Assets < \$2M	%
Elder Law	%	Class Action / Mass Tort	%	Estate Planning-Assets \$2M to \$5M	%
Environmental	%	Commercial Litigation	%	Estate Planning - Assets > \$5M	%
ERISA	%	Criminal	%	Probate	%
Family Law (other than Divorce)	%	Criminal - Appellate	%	Real Estate – Commercial	%
Foreclosures	%	Insurance Company	%	Real Estate Development	%
Fiduciary	%	Legal Malpractice	%	Real Estate – Limited Partnerships	%
Health	%	Medical Malpractice	%	Real Estate - Residential	%
Housing Court	%	Product Liability	%	Real Estate Syndications	%
Immigration	%	Workers Compensation	%	Wills and Trusts	%
International	%	Other	%		
Investment Cnslng/Money Mgt	%				
Labor – Employee / Union	%	Bonds	%	Complete Supplement Application for all AOPs in Column C above	
Labor – Management	%	Copyright	%	Other	%
Local Government / Municipal	%	Patent	%	Other	%
M&A -Combined Assets < \$2M	%	Trademark	%	Other	%
M&A-Combined Assets \$2M to \$5M	%	Private Placements	%	Total %	%
M&A - Combined Assets > \$5M	%	Securities – Federal	%		
		Securities – State	%		

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

Fraud Warning Notice – 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 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.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____