

State National Insurance Company Torus Specialty Insurance Company

APPLICATION FOR: LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: This professional liability coverage is provide on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application – such as attorneys named, address, and other offices – should be explained on a separate sheet of paper.

YOUR FIRM

1. Are you engaged in the private practice of law? Yes No (If you answered "No," please contact your agent before proceeding.)

2. The precise name of the firm to be insured, as reflected on your letterhead: _____

3. Your firms principal Location and phone number:

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

4. Your firm's mailing address (if different than above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

5. When was your firm established? _____ / _____ / _____ (Month/Day/Year)

6. Does your firm practice from additional offices? Yes No (If yes, turn to "Additional Locations," page 8.)

7. Applicant is a(n) (check one): Individual Partnership Professional Association

Professional Corporation LLC or LLP

Other: _____

8. List all predecessors of the firm:

(Predecessor means any partnership, professional corporation, professional association, limited liability partnership or limited liability corporation engaged in legal services; and to whose financial assets and liabilities the firm is the majority successor in interest.)

Include the date the predecessor firms were established and the date of merger.

None

Name of Predecessor Firm	Date Established	Date of Merger

9. Total number of lawyers who have left in the past year: _____

10. Please list here your firm's attorneys.

Attorneys Name	A - Associate E - Employee O - Owner OF - Of Counsel P - Partner PT - Part Time	Date Admitted to Bar (MM/DD/YYYY)	Date Hired / Joined Firm (MM/DD/YYYY)	Have you completed any CLE or have you attended continuing education seminars within the last 2 years?	
				Yes	No

11. For "Of Counsel" attorneys: Please complete the following for each "of counsel" attorney.

Attorneys Name	Does attorney work exclusively for the applicant firm?	How many hours per week worked for the applicant firm?	Does attorney have independent professional liability insurance coverage?
	<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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Have any of your firm's attorneys been refused admission to practice, disbarred, suspended or formally reprimanded, or are any such proceedings in progress? Yes No (If yes, please provide dates, allegations, outcome and date of reinstatement on a separate sheet and attached it to this application.)

13. What is your total number of clerks, secretaries, paralegals, investigators, and other support staff? _____

14. Is your ratio of staff to attorneys greater than 2:1? Yes No If **Yes**, turn to "Support Staff," page 8.)

15. Practice Sharing: Do you share office space with attorneys other than those listed in Question 10?
 Yes No (If no, skip to Question 16.)

B. If you do share offices with other attorneys, does your firm keep separate files, employ separate support staff, and present itself as an independent practice to the public? Yes No

16. If you are a sole practitioner, please identify the attorney who handles your cases in your absence. (A back-up attorney is required.)

Back-up Attorney: _____

Address, City & St: _____

Telephone Number: _____

INTERNAL PROCEDURES (Please provide a written explanation for all "NO" responses.)

17. a) Does your firm maintain a Docket Control system for litigated and non-litigated items? Yes No

Please check all applicable categories

- Single Calendar Computer Tickler Cards
 Dual Calendar Master Listing Other (describe): _____

b) Does the firm have procedures to back-up computer systems or some other form of emergency back-up system in the event of disruption of business due to emergency or natural disaster? Yes No

c) Are at least two individuals involved in maintaining the Docket Control System? Yes No

d) Please indicate how frequently time deadlines are crosschecked?

- Daily Weekly Monthly Other (Describe): _____

e) Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter? Yes No

f) Does your firm require the use of engagement letters including fee agreement on all engagements undertaken by firm? Yes No

g) Does your firm notify clients or prospective clients in writing when you decline to represent them, and when an existing relationship is terminated? Yes No

h) Which of the following tools are used to avoid conflict of interest?

- Oral/Memory Index File Computer
 Conflict Committee Written Procedure Other (describe): _____

i) Does the conflict of interest system allow the cross-checking of conflicts between former, existing or potential clients of the applicant and all individual attorneys before accepting new clients or new matters? Yes No

j) How many suits for collection of fees have been filed by the firm during the past two (2) years? _____

Dollar Amount Last Year: \$ _____ Dollar Amount Previous Year: \$ _____

• How many of these suits have been resolved successfully? _____

• What percentage of your firm's billings are 90 days overdue? _____

k) Does your firm delegate or refer legal work, retaining a portion of the fees? Yes No (If Yes, turn to "Delegated Work," page 8)

CLIENT RELATIONS

1. Major Client - Did any one client (including affiliated or related clients) account for 25% or more of your gross revenues during the past twelve (12) months? Yes No

If yes, please provide complete details on a separate attachment.

2. a. Suits for Fees – How many suits for fees have been filed against clients in the last two (2) years? _____

b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

- c. What steps have been taken by the firm to reduce or avoid the necessity of future fee collections suits?

- d. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response thereto? Yes No

YOUR PRACTICE

18. Some guidelines for completing this section:

- a. Express percentages of time devoted to each specialty during the previous year.
- b. Indicate percentages in **WHOLE NUMBERS** next to the type of law you practice, not the business client you represent.
- c. Please be as accurate as possible as casual estimates may cause inappropriate evaluation of your practice by our underwriters.

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tennant/Leases	
Bonds **		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		Medical Malpractice Plaintiff *	
Class Action Plaintiff *		Mergers & Acquisitions	
Collection		Municipal Law	
Commercial Defense		Oil & Gas Mining	
Commercial Law		Oil & Gas Title	
Consumer Claims		Patent, Trademark, Copyright – Filing **	
Construction Law		Patent, Trademark, Copyright Litigation **	
Contracts		Patent, Trademark, Copyright Prosecution**	
Corporate Formation		Plaintiff BI/PI (Non Product Liability) *	
Corporate General		Product Liability Plaintiff *	
Corporate Litigation		Real Estate Closings/General	
Criminal Law		Real Estate Commercial Title	
Divorce		Real Estate Development	
Employment Law		Real Estate Investment Trusts	
Entertainment **		Real Estate Limited Partnership	
Environmental Law **		Real Estate Residential Title	
ERISA		Real Estate Syndication	
Estate Planning		Securities **	
Estate/Trust/Probate		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures		Traffic	
Foreign Law		Wills	
Guardianships		Workers Compensation Plaintiff *	
High Profile Divorce or Monied		Workers Compensation Defense	
Immigration/Naturalization		Other: Please Explain on firm Letterhead	
		Total	100%

- * Please Complete Plaintiff Supplement on Page 13.
- ** Please Contact Agent for Supplement.

FEE VOLUME/BILLINGS:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$100,000 | <input type="checkbox"/> \$100,001 - \$250,000 | <input type="checkbox"/> \$250,001 - \$400,000 |
| <input type="checkbox"/> \$400,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$1,000,001 + |

19. Complete Financial Institution Supplement on Page 9 if questions 19 A, 19 B or 19 C are answered "Yes."

a. Have any lawyers performed services on or on behalf of a financial institution other than those listed below? Yes No

- Bankruptcy
- Loan Workout
- Title Work/Conveyances
- Collection
- Real Estate Closings
- Trust Work
- Loan Documentation
- Real Estate Foreclosures

b. Has any lawyer:

i. had any financial control over or equity interest in a financial institution? Yes No

ii. Acted as director, officer, general counsel or committee member for a financial institution? Yes No

iii. been involved with the initial formation of, or provided any securities services for a financial institution? Yes No

c. Are any of your firm's financial institution clients uninsured by a government agency such as the FDIC or NCUA? Yes No

20. Website:

a. Do you or your firm have an Internet website? Yes No (If Yes, please provide web address)

b. Does an firm member practice law:

as a Prosecuting Attorney? Yes No as a Municipal/State Counsel? Yes No

as a Public Defender? Yes No as an Employed Lawyer elsewhere? Yes No

OUTSIDE INTERESTS

Note: If you answer "Yes" to 21A or 21B, please complete the section titled "Outside Interests" page 9.

21. a) Do any of your firm's attorneys serve as a director, an officer or an employee of any client of your firm, or have an equity interest in any CLIENT of your firm? Yes No

b) Does any single CLIENT represent 10% or more of your firm's gross billings? Yes No

22. Does any member of your firm provide professional services as an accountant/CPA, insurance agent or broker, or real estate agent or broker? Yes No

	Percent Of Income Derived	Professional Liability Insurer	Limits Of Liability
Accountant/CPA			
Insurance Agent			
Real Estate Agent			

YOUR INSURANCE

23. Coverage requested to be effective on _____ / _____ / _____ (Month/Day/Year)

24. Please select the limits and deductible you prefer:

DEDUCTIBLE

LIMITS (Maximum Each Claim/Maximum Each Year)

- | | | | |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> \$ 0 None | <input type="checkbox"/> \$ 15,000 | <input type="checkbox"/> \$ 100,000 / \$ 300,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 25,000 | <input type="checkbox"/> \$ 250,000 / \$ 500,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 50,000* | <input type="checkbox"/> \$ 500,000 / \$ 500,000 | <input type="checkbox"/> \$2,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 75,000* | <input type="checkbox"/> \$ 500,000 / \$1,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$100,000* | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| | | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$4,000,000 / \$7,000,000 |
| | | <input type="checkbox"/> \$1,000,000 / \$3,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |

* Please submit firm's current financial statement

25. Is your firm currently insured against malpractice claims? Yes No

a. If Yes, what date firm / predecessor firm first obtain continuous coverage? ___ / ___ / ___

26. Does your current policy have prior acts exclusion? Yes No

27. If Yes, What is your Prior Acts Exclusion Date? _____ / _____ / _____ (Month/Day/Year)

28. Please provide your current Insurance History below:

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (MM/DD/YYYY)	Premium Paid
Current Year 1		\$ / \$	/	\$
Previous Year 2		\$ / \$	/	\$
Previous Year 3		\$ / \$	/	\$

29. During the past five years, has any insurance carrier canceled or refused to renew your professional liability insurance for any reason other than carrier's withdrawal for the market? Yes No

a. If you answer this question "Yes," please provide on the next page the name of the carrier, the date and reason for cancellation or non-renewal, and any comments you may wish to add.

30. After inquiry, are any attorneys in your firm aware:

a. of any professional liability, claims made against them **in the past five years?** Yes No

b. of any legal work or incidents that might reasonably be expected to lead to a claim or suit against them? Yes No

c. If you answer either question "Yes," please complete the "Supplemental Claim Form" on Page 10-12.

The following pages provide for additional information we may need on some aspects of your practice. If this information is required, you've already been directed to the appropriate section. Provided you've done this, you need only turn to the last page and sign the application. If you have any questions, please contact your agent.

THANK YOU!

ADDITIONAL INFORMATION: _____

ADDITIONAL LOCATIONS: (From Question 6)

If your firm practices form more than one office . . . does responsibility for your firm's other offices reset with management at your principal location indicated in Question 3? Yes No

Please provide us with:

	NUMBER OF ATTORNEYS
ADDRESSES OF OTHER OFFICES	
1.	
2.	
3.	
4.	
5.	

SUPPORT STAFF: (From Question 14)

If your ratio of staff to attorneys is greater than 2:1 . . . Is your support staff supervised by an attorney who is ultimately responsible for their work? Yes No

Please give us details of their work:

JOB TITLE	NUMBER OF STAFF BY JOB TITLE	DUTIES	FULL TIME / PART TIME
1.			
2.			
3.			
4.			
5.			

DELEGATED WORK: (From Question 17 k)

If you delegated work and retain some portion of the fees, please provide us:

TO WHOM YOU DELEGATE	CERTIFICATE OF INSURANCE ON RECORD	NATURE OF LEGAL SERVICES PROVIDED	%
1.			*
2.			
3.			
4.			
5.			

* Percentage of your firm's annual gross billing delegation represents.

FINANCIAL INSTITUTION AND LOCATION: (From Question 19)

Complete only if you have answered "Yes" to Questions 19 A, 19 B, or 19 C. Please photocopy and provide separate pages for each Financial Institution.

Name: _____ City/State: _____

Is the institution insured by any government agency such as FDIC or NCUA? Yes No

Is any lawyer involved with the approval of loans? Yes No

Check if applicable: Equity interest in financial institution. Complete Directors & Officers Outside Interest Supplement.

Initial formation or securities services were provided for this financial institution. Complete Securities Supplement

Check any of the following positions held: No Position Held Director Officer Audit Committee

Loan Committee Executive Committee General Counsel-List Services Below Other-List Services Below:

If the financial Institution has been taken over by a regulatory agency, check if services were provided:

Prior to takeover After Takeover Both Not Applicable Describe services provided each time period: _____

List services provided other than in Section A of Question 19: _____

OUTSIDE INTERESTS: (From Question 21)

Complete only if you have answered "Yes" to Questions 21 A or 21B, please provide us with this information for each applicable client.

Client: _____ Date of affiliation with client: ____ / ____ / ____

Nature of Business: _____ Name of attorney assigned: _____

Annual percentage of firm's gross billings: ____% Percent of equity interest: ____% Dollar Value \$ _____

Attorneys management role or committee assignments: _____

Does client carry D & O insurance? Yes No Name of D & O carrier: _____

At what limits? \$ _____

SUPPLEMENTAL CLAIM INFORMATION: (From Question 30)

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident. If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim: _____
2. Full name of claimant: _____
3. Indicate whether: Incident Claim Suit
4. Date and location of alleged error: _____
5. Date of claim: _____
6. Additional defendants: _____
7. IF CLOSED: *Total Paid: \$ _____ Indicate whether: Court Judgment Out of Court Settlement
*Including Defense Expenses incurred.
8. IF PENDING: Claimants settlement demand: \$ _____ Insurer's loss reserve: \$ _____
Your assessment of damages or offer for settlement: \$ _____ Is claim in suit? Yes No
9. Name of Insurer responding to this claim or incident: _____ Policy No.: _____
Limits of Liability: \$ _____ Deductible: \$ _____ Type of Form: Occurrence or Claims Made
10. Description of claim: (Provide enough information to allow evaluation and use additional sheet if more space is required.)
 - a. Alleged act, error or omission upon which Claimant bases claim: _____
 - b. Describe what activities gave rise to the claim or incident: _____
 - c. Describe the type of injury or damage allegedly sustained: _____
 - d. Does this incident or claim follow or result from an action to collect fees? Yes No

REPRESENTATIONS:

I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives. I/We specifically asked all lawyers in our firm if they have knowledge of any claim, potential claim, disciplinary matter or circumstance that may rise to a claim against us that is not listed in our response to Questions 12 & Question 30 A & B. All lawyers have responded "No" **Please Initial Here** (_____). On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE 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 NEW YORK RESIDENT APPLICANTS: PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICANT 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.

X _____
Signature of Owner, Officer, Partner, Shareholder, or Member Date

Print or Type Name Title

- Unless the application is fully completed, no coverage can be bound or quotes issued.
1. Any claim, incident, disciplinary matter, or circumstance that may give rise to a claim. **See Below**
 - a. There is no coverage for any claim, incident, disciplinary matter or circumstance that may rise out of the matters reported on page 2, 6, or 9; or
 - b. Which any member of the applicant firm has knowledge of prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by any of the Torus Specialty Insurance Companies.
 2. Failure to report to your current insurance company any:
 - a. Claim made against you during your current policy term; disciplinary matter, or
 - b. Fact, circumstances or event which you are aware of or which may give rise to a claim BEFORE policy expiration may create a lack in coverage or will result in no coverage.

SUPPLEMENT CLAIM INFORMATION

Instructions:

1. This form is to be completed by an Applicant or Insured who has been involved in any claim or suit or is aware of an incident, which may give rise to a claim.
2. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
3. If space is insufficient to fully answer any questions, attach a separate sheet.
4. Answer all questions completely.
5. DO NOT ATTACH COPIES OF SUIT PAPERS.

Please Type or Print in Ink

1. Full name of Applicant or Insured: _____

2. Full name(s) of individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: CLAIM/SUIT INCIDENT

5. Date and location of alleged error: _____

6. Date of claim: _____

7. Additional defendants: _____

8. IF CLOSED: Total loss paid including deductible(s): \$ _____

Indicate whether: Court Judgment Out of Court Settlement

9. IF PENDING: Claimant's settlement demand: \$ _____

Defendants offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of Insurer responding to
this claim or incident: _____

Policy Number: _____

Limits of Liability: \$ _____

Deductible: \$ _____

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT: _____

a. Description of alleged acts, errors or omissions upon which claim is based: _____

b. Description of the type and extent of injury or damage allegedly sustained: _____

c. Explain what action has been taken to prevent recurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could wave my protection.

X

X

Signature of Owner, Officer, Partner, Shareholder or Member

Date

Print or Type Name

Title

(Must be signed by an Owner, Partner, Member, Shareholder or Officer of the Firm)

PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

1. Have you advertised during the past 12 months through any of the following:
- A. Television..... Yes No
 - B. Radio..... Yes No
 - C. Newspaper..... Yes No
 - D. Yellow Pages..... Yes No

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of personal injury cases during the past 12 months: _____

3. Average number of personal injury cases each attorney handles per year: _____

4. Percentage of cases (must equal 100%): settle before trial? _____ Cases tried to conclusion? _____

5. Percentage of cases referred to you by other law firms? _____ %

6. Do you use written referral agreements in all cases which are referred to you? Yes No

7. Do you use written referral agreements in all cases which are referred out? Yes No

8. Do you obtain certificates of insurance in all cases which are referred out? Yes No

9. Average dollar value of all plaintiff cases are: less than \$25,000 \$25,001 - \$100,000 \$100,001 - \$500,000
 \$500,001 - \$1,000,000 other: _____

10. What percentage of your plaintiff cases are:

_____ % Class Action/Mass Tort *	_____ % Product Liability	_____ % Legal Malpractice
_____ % Automobile Accident	_____ % Slip and Fall	_____ % Medical Malpractice
_____ % Other: _____		

11. With respect to your answer in question 10, please state the maximum dollar value of any one case:

\$ _____ Class Action/Mass Tort *	\$ _____ Product Liability	\$ _____ Legal Malpractice
\$ _____ Automobile Accident	\$ _____ Slip and Fall	\$ _____ Medical Malpractice
\$ _____ Other: _____		

12. Percentage of recovery your firm takes as fees: _____ %

13. Describe the firm's procedure for tracking the Statute of Limitation on each personal injury case: _____

14. Name and position of person(s) designated to track the Statute of Limitation on each personal injury case: _____

* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

X _____ X _____
Signature of Owner, Officer, Partner, Shareholder, or Member Date

Print or Type Name Title