



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Important Note: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

New York Defense Expenses Notice: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

APPLICANT INFORMATION

1. New business Effective date requested: _____ Renewal Renewal of policy number: _____ 2. Date established: _____
(mm/dd/yyyy)

3. Your full legal name _____

4. Your "trade name" or "doing business as" name _____

5. Your address

a. Street _____

City _____ State _____ Zip Code _____ County _____

b. Mailing (if different) _____

City _____ State _____ Zip Code _____ County _____

6. Your primary contact

Name _____ Title _____

Phone _____ Fax _____ Email _____

7. Your website address _____

8. Do you have more than one office location?..... Yes No
If yes, please complete the Additional Location(s) Supplement.

9. Your legal status:

- Individual General Partnership Professional Corporation or Association
- Limited Liability Partnership (LLP) Limited Liability Company (LLC) Other (please describe)

Please attach a copy of your letterhead for each location.

LIMITS AND DEDUCTIBLES

10. Limit requested:

- \$100,000/\$300,000
 \$200,000/\$600,000
 \$250,000/\$500,000
 \$500,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000
 \$2,000,000/\$2,000,000
 \$3,000,000/\$3,000,000
 \$4,000,000/\$4,000,000
 \$5,000,000/\$5,000,000
 \$6,000,000/\$6,000,000
 \$7,000,000/\$7,000,000
 \$8,000,000/\$8,000,000
 \$9,000,000/\$9,000,000
 \$10,000,000/\$10,000,000
 Other:

11. Deductible requested:

- \$0 \$1,000 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000 \$10,000
 \$15,000 \$20,000 \$25,000 \$35,000 \$50,000 \$100,000 Other:

12. Annual aggregate deductible:

- Currently have Interested in quotation

13. Deductible applies to damages only:

- Currently have Interested in quotation

GENERAL INFORMATION

14. Is your firm engaged in the full-time, private practice of law?..... Yes No
If no, please provide details.

15. What is the total number of your attorney and non-attorney staff?

- a. Full-time.....
 b. Part-time.....

16. Please list all attorneys associated with your firm (include yourself if you are an individual). Use the following position designations (attach a separate sheet if additional space is needed).

O = Owner/Officer/Shareholder/Member
 A = Associate practicing for your firm
 P = Partner of the Partnership

S = Sole Proprietor
 OC = Of Counsel Attorney of your firm
 CA = Attorneys on contract or per diem

EA = Employed practicing attorneys of the firm not otherwise designated
 RP = Retired partners of your firm

| Name | Position (see key) | Month/Year Admitted to Bar | State(s) | Month/Year Joined the Firm | Annual Hours Worked (OCs, CAs, RPs or Part Time only) | Attended ethics or loss prevention related CLE during the past 12 months? |
|------|--------------------|----------------------------|----------|----------------------------|---|---|
| | | | | | | <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 |
| | | | | | | <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 |

If you have more than 10 attorneys, please complete on a separate sheet.

17. Please indicate the number of non-attorney staff you currently employ in each of the following areas:

| Law Clerks | Paralegals | Investigators | Patent Agents | Title Agents* | Abstracters | Other Clerical | Total Non-Attorney Staff |
|------------|------------|---------------|---------------|---------------|-------------|----------------|--------------------------|
| | | | | | | | |

*Complete the Title Agency Supplement

18. Please complete the following chart for the applicable fiscal year (if you are newly established, please provide the best estimate for the current fiscal year only):

| | Gross Income | Net Income (before payment of bonuses, salaries, and other remuneration) |
|--|--------------|--|
| Estimate for Current Fiscal Year | \$ | \$ |
| Actual for Immediate Past Fiscal Year | \$ | \$ |
| Actual for Second Previous Fiscal Year | \$ | \$ |

19. Please complete the following chart based upon either your gross revenue or billable hours (check one). The total must equal 100%.

| Area of Practice | Percentage of Practice | Area of Practice | Percentage of Practice |
|---|------------------------|--|------------------------|
| Administrative | % | Foreign | % |
| Admiralty-Defense | % | Health Care | % |
| Admiralty-Plaintiff | % | Immigration/Naturalization | % |
| Anti-trust/Trade Regulation | % | Insurance Coverage | % |
| Appellate | % | Investment Counseling/Money Management | % |
| Arbitration/Mediation | % | Labor Law-Management | % |
| Aviation | % | Labor Law-Union | % |
| Banking/Financial Institutions* (F.I. Practice Supplement) | % | Labor Litigation-Defense | % |
| Bankruptcy* (Bankruptcy & Collections Supplement) | % | Labor Litigation-Plaintiff | % |
| BI/PI Defendant General Liability | % | Litigation-General-Defense | % |
| BI/PI Defendant Medical Malpractice | % | Litigation-General-Plaintiff* (Plaintiff Practice Supplement) | % |
| BI/PI Defendant Other | % | Mergers & Acquisitions | % |
| BI/PI Defendant Products Liability | % | Municipal/Governmental-Other | % |
| BI/PI Plaintiffs General Liability* (Plaintiff Practice Supplement) | % | Municipal/Governmental-Zoning | % |
| BI/PI Plaintiffs Medical Malpractice* (Plaintiff Practice Supplement) | % | Oil/Gas/Minerals* (Oil/Gas/Minerals Supplement) | % |
| BI/PI Plaintiffs Other* (Plaintiff Practice Supplement) | % | Patent* (Intellectual Property Supplement) | % |
| BI/PI Plaintiff Product Liability* (Plaintiff Practice Supplement) | % | Probate/Wills/Estates* (Estates and Trusts Supplement) | % |
| Civil Rights/Discrimination | % | Public Utilities | % |
| Collection/Repossession* (Bankruptcy & Collections Supplement) | % | Real Estate-Commercial* (Real Estate Practice Supplement) | % |
| Commercial Law | % | Real Estate-Escrow Agent* (Real Estate Practice Supplement) | % |
| Communication/FCC | % | Real Estate-Residential* (Real Estate Practice Supplement) | % |
| Construction/Building Contracts | % | Real Estate-Syndication/Development* (Real Estate Practice Supplement) | % |
| Consumer Claims | % | Real Estate-Title Work* (Title Agency Supplement) | % |
| Copyright/Trademark* (IP Supplement) | % | School Law | % |

| | | | |
|--|---|---|---|
| Corporate-General | % | Securities/Bonds/Secured Transactions/Loans* (SEC Supplement) | % |
| Corporate Formation | % | Social Security Law | % |
| Criminal | % | Taxation Corporate-Opinions* (Tax Supplement) | % |
| Domestic Relations | % | Taxation Corporate-Prep* (Tax Supplement) | % |
| Eminent Domain | % | Taxation-Individual* (Tax Supplement) | % |
| Employee Benefits/ERISA | % | Water Rights Law | % |
| Entertainment/Sports* (Entertainment Supplement) | % | Workers Compensation-Defense | % |
| Environmental* (Environmental Supplement) | % | Workers Compensation-Plaintiff | % |
| Environmental Litigation* (Environmental Supplement) | % | Other (Please describe below or on a separate sheet): | % |

If gross revenue or billable hours are shown for any area of practice indicated by*, please complete the appropriate underwriting supplement.

20. Does more than 51% of your total billings or gross revenue come from the defense of individuals or corporations in civil or criminal matters?..... Yes No

21. Please complete the following chart based upon either your gross revenue or billable hours (check one) for each category. The total must equal 100%.

| Type of Client | Percentage of Practice | Type of Client | Percentage of Practice |
|--|------------------------|--|------------------------|
| Individuals-High Net Worth (>\$10M assets) | % | Small Public Companies(<\$100M revenues) | % |
| Individuals-All Other | % | Large Public Companies(>\$100M revenues) | % |
| Small Private Companies (<\$100M revenues) | % | Fortune 500 Companies | % |
| Large Private Companies (>\$100M revenues) | % | Government or Public Institutions | % |
| Non-profit Organizations or Charities | % | Other (please specify): | % |

22. Please complete the following chart for your five largest clients based upon either your gross revenue or billable hours (check one):

| Name | Industry | Areas of Legal Services for Client | Percent of Your Revenue Derived from Client | No. of Years You've Represented |
|------|----------|------------------------------------|---|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

23. Please estimate the number of hours of Pro Bono legal work provided by the firm during the past 12 months. _____

24. Do you or any of your attorneys or non-attorneys provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law?..... Yes No
If yes, please provide details on a separate sheet, including the member's name, type of services provided, the percentage of the individual's time spent rendering these services, name under which services are provided, a copy of the letterhead used, and the professional liability carrier and policy limit for such services:

25. Do you provide any unique service or product to clients not generally available from other law firms?... Yes No
If yes, please provide details on a separate sheet, including a description of the service or product, whether it is provided by your firm or an outside entity, and why it is unique:

26. Do you or any of your attorneys act as a public defender, prosecuting attorney, public official, or as in-house legal counsel of any corporation or governmental agency, or as an independent contractor or Of Counsel to another firm?..... Yes No

If yes, please provide details on a separate sheet, including a copy of the letterhead used, the percentage of the individual's time spent rendering these services, if it is an elected position and the method of payment:

27. Have you or any of your attorneys or former attorneys, at any time in the past six years, provided any legal services or served as a fiduciary, committee member, director, officer, partner or employee of any Financial Institution?...YesNo
If yes, please complete the Financial Institutions Practice Supplement.

28. Have you or any of your attorneys or former attorneys, at any time in the past six years, provided legal services:
a. To issuers, underwriters or affiliates, or purchasers, with respect to the issuance, offering or sale of securities?.....Yes No
b. In any way related to the formation, syndication, promotion or management of any limited partnerships?YesNo
c. In any plaintiff class action or mass tort cases?.....Yes No
If yes to a. or b. please complete the Securities Supplement.
If yes to c. please complete the Plaintiff Practice Supplement.

Outside Interests

29. Do you or any of your attorneys:
a. Serve in the position of Director, Officer, or Partner of any client business or organization?..... Yes No
b. Hold an equity or debt interest in any business or organization that is also a client of the firm?.....Yes No
c. Serve as an employee of any business or organization other than the applicant firm?..... Yes No
If yes to any part of the above question, please complete the Outside Interest Supplement..

Advertising

30. Do you advertise your legal services?..... Yes No
If yes, please indicate in which of the following media and include a copy of such advertising and/or transcript.
 Yellow Pages Fliers Newspapers Periodicals Radio Television Internet

Website/Pre-Paid Legal/Office Sharing

31. Do you maintain a website?..... Yes No
If yes:
a. Is the website used to provide legal advice?..... Yes No
b. Is the website used to obtain information regarding clients or potential clients?..... Yes No
c. Does the website include any disclaimers about reliance upon statements on the website or legal advice in states where the firm is not admitted to practice?..... Yes No

32. Do you or any of your attorneys provide any services in connection with any prepaid legal services plan?Yes No
If yes, please describe:

33. Do you share office space with any firm or attorney(s) who is/are not members of your firm?.....Yes No
If yes, please describe the arrangement and list all attorneys by name:

RISK MANAGEMENT

New Client Acceptance

34. Do your new client acceptance procedures require an evaluation of the merits of the client's case, consider the reasonableness of the client's expectations, fit with your firm's current areas of practice, and include a review of potential conflicts of interest, before any new matter can be accepted?.....Yes No
If yes, are these procedures in writing?..... Yes No
If no, please describe your Client Acceptance Procedures:

Docket/Calendar Systems

35. Does your Docket/Calendar system utilize at least two individuals to monitor the input, review, and oversight of all critical dates?.....Yes No

36. Indicate the Docket/Calendar system(s) utilized by your firm:

- Computer/Calendar Software
- Individual Attorney Diaries
- Docket Clerk/Administrator
- Outsourced Calendar Management
- Centralized/Includes Branch Offices
- Duplicate entry of all dates
- Other (describe)

Potential Conflict Avoidance Procedures

37. Indicate the method(s) used to check for potential Conflicts of Interest:

- Oral/Memory
- Computer
- Index File
- Conflict/Risk management Committee
- Perpetual Calendar
- Client List
- Other (Describe):

38. Do your Conflict of Interest avoidance procedures:

a. *Include:*

- 1. Your current and former clients?.....Yes No
- 2. Clients of predecessor firms?.....Yes No
- 3. Clients of merged or acquired firms?.....Yes No
- 4. Lateral hires?.....Yes No
- 5. Matters or clients you have declined?.....Yes No

b. Review related and opposing parties?.....Yes No

c. Require individual review of potential conflict and acknowledgement by all attorneys in all offices before commencing legal work?.....Yes No

d. Prohibit representation that is potentially adverse to a current or former firm client?.....Yes No

e. Require written disclosure of the potential conflict to all clients?.....Yes No

f. Require written consent from all parties to a potential conflict prior to performing legal services?.....Yes No

g. Prohibit representation where any attorney has any kind of financial interest in the proposed client or subject matter of the representation, other than traditional hourly or contingent legal fees?.....Yes No

Client Communication

39. Do you use written fee or retainer agreements or engagement letters when accepting work?.....Yes No
If no, please explain how you document the scope of engagement and cost of services being provided:

40. Do you use written declination or non-engagement letters when declining work?.....Yes No
If no, please explain how you document that the firm is not representing the potential client:

41. Do you use written termination letters when withdrawing or terminating representation?.....Yes No
If no, please explain how you document that the firm is no longer representing the former client:

42. What is the approximate outstanding amount of your accounts receivable, as a percentage of your annual gross revenues, for each of the following periods:

30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____

43. Do you have any contingent fee billing arrangements or billing structures other than the billable hour?.. Yes No

44. Do you have a policy against suing for fees?..... Yes No
If no:

a. How many suits for fees have there been in the past two years?....._____

b. Is each file cold reviewed by firm management or an uninvolved attorney for potential malpractice claims prior to bringing any such suit?..... Yes No

c. Please provide the estimated average fee suit amount.....\$_____

d. Please provide the number of open fee suits....._____

45. Do you refer all collection matters concerning outstanding fees to a Collection Agency?..... Yes No
46. If you are a sole proprietor, have you made arrangements with another attorney to handle your cases in the event of your extended absence from your practice?..... Yes No
If yes, please list name and address:

FIRM HISTORY

47. Please complete the following chart for all predecessor firms (predecessor firm means any law firm that is dissolved or inactive and is no longer rendering professional services, and either 1) at least 50% of the principals, owners, officers, or partners of such firm have joined your firm or another predecessor firm; or 2) some or all of such firm's principals, owners, officers, or partners have joined you and more than 50% of such firm's assets have been assigned or transferred to your firm).

| Name of Predecessor Firm | Date Established | Date Dissolved | Total Number of Principals, Owners, Officers, and Partners at Dissolution | Number of Principals, Owners, Officers, and Partners Who Joined Successor | At Least 50% of Assets Assumed by Successor |
|--------------------------|------------------|----------------|---|---|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

48. How many attorneys have left your firm in the past 12 months?.....
Please provide names and departure dates on a separate sheet if this is a Travelers renewal.
49. How many attorneys have joined your firm in the past 12 months?.....
Please complete a New Attorney Information Supplement for each new attorney if this is a Travelers renewal.

PRIOR INSURANCE AND CLAIM HISTORY

50. During the past seven years, has any professional liability claim or suit been made or brought against any of the following:
- a. You, your firm, or any member of your firm?..... Yes No
 - b. Any predecessor firm?..... Yes No
 - c. Any former member of your firm or predecessor firm for legal services while a member of such firm?.. Yes No
- If yes to any of the above, please provide the number of claims or suits and complete a Claim, Suit, or Incident Supplement for each claim or suit.....*

51. Do you or any member or employee of your firm have knowledge of any incident, act, error, or omission that is or could be the basis of a claim under this proposed professional liability policy?..... Yes No
If yes, please provide the number of incidents, acts, errors, or omissions and complete a Claim, Suit, or Incident Supplement for each such incident, act, error, or omission.

52. Please complete the following chart for all lawyers professional liability insurance coverage carried by your firm during the past three years. If currently uninsured, please check .

| | Carrier | Policy Period | Limits | Deductible | Premium | Number of Attorneys | Retroactive Date | Reporting Period Purchased |
|--------------|---------|---------------|--------|------------|---------|---------------------|------------------|--|
| Current year | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prior Year 1 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prior Year 2 | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

53. What is the inception date of your firm's first claims-made policy maintained without interruption?.....
54. Does your current policy contain any exclusions or coverage limitations tailored specifically to your firm?..... Yes No
If yes, provide details:
55. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, other than for nonpayment of premium? (Missouri applicants: do not complete)?..... Yes No
If yes, please provide details:

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AL, AR, DC, MD, NM, and RI

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds 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.

Attention: Insureds in FL

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.

Attention: Insureds in KY, NJ, 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in LA, 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 include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in OR

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds 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 with the penalty of 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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder) _____ Date _____

Name (print) _____ Title _____

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting agency name _____ Direct Sub-produced

Address (street, city, state, zip code) _____

Phone _____ Fax _____ Email _____

Licensed producer name _____ License number _____

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this application (reference the question number).