

New Business Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Application, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. APPLICANT INFORMATION

1. Full Legal Name of **Firm** (include all Firm names and DBAs under which the Firm operates):
_____ *Please explain if name differs from the Named Insured letterhead.*
2. **Firm** is a: Individual Partnership PC PLLC PLLP Other: _____
3. **Firm's** Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Physical Address (if different): _____
4. **Firm's** Email Address: _____ Website: _____
5. Coverage is requested to be effective on: _____ Retroactive Date: _____
Current Carrier: _____ Year **Firm** Established: _____

B. ATTORNEY ROSTER

6. Roster of Lawyers (Use a separate sheet if needed)

<i>Lawyer Name</i>	<i>Position*</i>	<i>Date of Hire</i>	<i>Retro Date (if other than Date of Hire)</i>	<i># Hours Worked per week</i>	<i>State Licensed</i>	<i>Bar/Reg. Number</i>	<i>Date(s) Admitted</i>
1.							
2.							
3.							
4.							
5.							

* O – Owner E – Employee OC – Of Counsel** IC – Independent contractor**

** Coverage limited to work done for the **Firm**

C. AREAS OF PRACTICE

7. In the columns provided below, please estimate the percentage of hours per year the **Firm** works in each area of practice.

Must total 100%. Please round to the nearest whole number.

If marked with "(Questionnaire)", please complete the corresponding Questionnaire for that Area of Practice.

%	Area of Practice	Area of Practice	%
	Admiralty / Marine	Local Government / Municipal	
	Appellate	Mediation, Arbitration (other than Securities/FINRA)	
	Banking / Financial Institution <i>(Questionnaire)</i>	Mergers & Acquisitions	
	Bankruptcy <i>(Questionnaire)</i>	Oil & Gas, Mineral Rights <i>(Questionnaire)</i>	
	Civil / Commercial Litigation - Defense	Plaintiff Litigation - Class Action / Mass Tort <i>(Supplement)</i>	
	Civil / Commercial Litigation - Plaintiff	<i>Social Security / Disability / Medicare</i>	
	Civil Rights / Discrimination	<i>Personal Injury Defense</i>	
	Collections <i>(Questionnaire)</i>	Plaintiff Personal Injury > \$500K <i>(Questionnaire)</i>	
	Commercial Law / Business Transactions >\$1M	Plaintiff Personal Injury < \$500K <i>(Questionnaire)</i>	
	Commercial Law / Business Transactions <\$1M	Real Estate > \$1M <i>(Questionnaire)</i>	
	Construction Law	Real Estate < \$1M <i>(Questionnaire)</i>	
	Corporate Formation	Schools & Education (not finance)	
	Criminal Defense	Securities <i>(Questionnaire)</i>	
	Employee Benefit Plans, ERISA	Taxation - Corporate	
	Entertainment Law <i>(Questionnaire)</i>	Taxation - Individual	
	Environmental Regulatory <i>(Questionnaire)</i>	Tax Opinions	
	Family Law > \$2M	Tribal Law	
	Family Law < \$2M	Water Rights	
	Immigration	Wills / Estate / Trust / Probate > \$5M <i>(Questionnaire)</i>	
	Insurance Defense <i>(Questionnaire)</i>	Wills / Estate / Trust / Probate \$2M – \$5M <i>(Questionnaire)</i>	
	Intellectual Property -Copyright/Trademark <i>(Questionnaire)</i>	Wills / Estate / Trust / Probate < \$2M <i>(Questionnaire)</i>	
	Intellectual Property – Patent <i>(Questionnaire)</i>	Workers Compensation (Defense)	
	International/Foreign Law	Workers Compensation (Plaintiff)	
	Labor – Management Representation	Other _____ <i>(Please provide a description)</i>	
	Labor – Union Representation	Total:	%

D. FIRM OPERATIONS & MANAGEMENT

8. What is the total number of non-attorney staff? _____
If staff to attorney ratio is greater than 3:1, please attach a roster of non-attorney staff.
9. If **You** are a sole practitioner, have **You** made arrangements for a backup attorney in the event of **Your** extended and/or unexpected absence from **Your** practice? N/A
Please provide **Your** backup lawyer's name and contact information in the space below. A Back-Up Lawyer is required for all solo **Firms**.
Back Up Lawyer: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____
10. Total Gross Billings:
Most Recent Fiscal Year: _____ Previous Fiscal Year: _____
11. Does the **Firm** maintain a Conflict of Interest System? Yes No
a. If "Yes", is it computerized? Yes No
b. If "No", explain how conflict of interest checks are performed and monitored. _____
12. Does the **Firm**:
a. Maintain a docket control system and/or calendar with at least two independent date controls? Yes No
If "No", describe the **Firm's** docket and/or calendar system: _____
b. Is the docket control system and/or calendar computerized? Yes No
c. Does the docket control system and/or calendar have redundancies in input, review and oversight? Yes No
d. How often is the docket control system and/or calendar updated?
 Daily Weekly Monthly Annually Other: _____
e. Does the docket control system and/or calendar:
 Track Litigated Items Track Litigated Items, even where no critical deadline is involved?
13. Client Communications - Indicate percentage of use for each. All questions must be answered:
a. Engagement Letters: _____%
Do they include scope of services to be performed? Yes No
Do they outline the **Firm's** billing policy and procedures? Yes No
b. Non-Engagement Letters: _____%
c. Disengagement Letters: _____%
If not 100% for a, b and/or c above, provide details: _____
14. Does the Firm have a written client intake, screening, or file opening procedure? Yes No
If "Yes", does the **Firm's** client intake, screening, or file opening procedure:
a. Prohibit the disclosure of confidential information before a conflict check is completed? Yes No
b. Require a conflicts approval before a new file can be opened? Yes No
c. Examine the difficulty or complexity of the proposed representation? Yes No
d. Examine the match between the proposed representation and the current skill sets of the lawyer(s) who will be working on the matter? Yes No
e. Examine the likelihood of success or expectations of the client? Yes No

15. Do any of You have an interest of more than 15% in any company as a partner, member, principal or stockholder of any business enterprise or any entity not named on this application?
If "Yes", please complete the Outside Interest Questionnaire. Yes No
16. Do any of You serve as director, officer, trustee, consultant, or in any other capacity for a **Firm** client?
If "Yes", please complete the Outside Interest Questionnaire. Yes No
17. Does the **Firm** share letterhead with any lawyer (other than the attorneys listed in the roster above) or firm; or does **Your** name appear on the letterhead of any other lawyer or firm?
If "Yes", please provide a copy of the letterhead(s) Yes No
18. How many suits for collection of delinquent fees have been filed by the **Firm** in the past two years?
If 4 or more, please complete the Fee Suit Questionnaire. _____
19. Is coverage requested for a **Predecessor Firm(s)**? Yes No
Predecessor Firm means any law firm or legal entity that was engaged in **Professional Services**, is dissolved or inactive, and to whose financial assets and liabilities the **Firm** is the majority (more than 50%) successor in interest.
If "Yes", please complete the Predecessor Firm Questionnaire.
20. In the past 5 years, has the **Firm**, or any attorney with the **Firm**, provided legal services in any way related to the following areas of practice?
- | | | | |
|--|--|---------------------------------------|--|
| a. Class Action / Mass Tort | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. Patent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Entertainment / Entertainment Clientele | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Securities (Public and/or Private) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Marijuana (Medical and/or Recreational) | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Water Rights | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Please provide details for any "Yes" response:*

21. Do any of **You** 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
Please provide details for any "Yes" response:

22. List the five largest clients to whom the **Firm** has provided legal services in the past twelve months.
*("Largest Case Value" refers to size/value of transaction, not amount billed by the **Firm**.)*

Client Name	Client's Industry	Area of Practice	Percentage of Firm's Annual Billings	Largest Case Value

**Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name fields*

E. CURRENT INSURANCE INFORMATION & COVERAGE REQUEST

23. Provide the following information regarding the **Firm's** most recent insurance policies. If no coverage is currently in-force, indicate with N/A:

	<i>Insurance Carrier</i>	<i>Policy Period</i>	<i>Limits</i>	<i>Deductible</i>	<i>Premium</i>	<i># of Attorneys</i>	<i>Retroactive Date(s)</i>
Current Year							
Prior Year 1							
Prior Year 2							
Prior Year 3							

24. If the **Firm** has elected an ERP, been non-renewed, cancelled or declined, please provide details:

(Question not applicable in Missouri)

25. Limit requested:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$750,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| | <input type="checkbox"/> \$500,000/\$1,500,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |

26. Deductible requested:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | |

27. Select the optional coverages the **Firm** desires:

- | | |
|--|--|
| <input type="checkbox"/> Claims Expense Outside Limits | <input type="checkbox"/> Title Insurance Agency |
| <input type="checkbox"/> First Dollar Defense up to \$10,000 | <input type="checkbox"/> Full First Dollar Defense |

Title Insurance Agency coverage extends coverage to a specific title agency via endorsement. A supplemental application is required (specific requirements apply)

F. LOSS INFORMATION AND FIRM'S REPRESENTATIONS

28. During the past 5 years, has any professional liability claim or suit ever been made against the **Firm**, any **Predecessor Firm** or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? Yes No

If "Yes", please indicate how many: _____ and submit 5-year loss runs.

29. Do any of **You** know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Firm** or any **Predecessor Firm** or any of the **Firm's** or any **Predecessor Firm's** current or former professional staff? Yes No

If "Yes" to 28 or 29 above, please complete a Claim Supplement for each matter.

30. During the past five years have any of **You** been subject to any disciplinary inquiry, complaint, grievance, or proceeding, for any reason including non-payment of dues? Yes No

31. Have any of **You** ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?

Yes No

If "Yes" to question 30 or 31 above, please complete the Disciplinary Questionnaire.

IMPORTANT: Without prejudice to any of **Our** other rights and remedies, all of **You** understand and agree that if any such fact, circumstance or situation exists, which is not disclosed in response to the questions above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy.

G. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Firm**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Firm** to purchase insurance.

The information requested in this Application is for underwriting purposes only and does not constitute notice to **Us** under any policy of a **Claim** or potential **Claim**.

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

NOTICE TO ALABAMA APPLICANTS: 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In

addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

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

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the **Firm** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature/Title
_____	_____
(mm/dd/yyyy)	(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Agent's Signature: _____

Supporting Documentation: Please attach a copy of the following:

- All copies of letterhead on which the **Firm** is listed.
- Questionnaires for areas of practice as required in Section C.
- Copy of declarations page and endorsements for Retroactive Date as required in Section A.
- Questionnaire for Outside Interest as required in Section D.

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Combined AOP Supplemental Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

- Complete only the AOP Sections of this Questionnaire that apply. For all others select N/A.
- If additional space is needed, attach a separate sheet of paper.

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

A. GENERAL INFORMATION

Name of Firm _____

B. FAMILY LAW

N/A

1. How many lawyers at the **Firm** perform family law work? _____
2. What is the average number of years of family law experience? _____
3. Does the **Firm's** family law practice include services relating to surrogacy or international adoption? Yes No
If "Yes", please provide an explanation:

4. Please complete the following chart estimating the percentage of **Your** family law work according to marital asset value:

Value of Marital Assets	Estimated Percentage of Family Law Work
Up to or Equal to \$2,000,000	
Over \$2,000,000	

5. What were the three largest marital asset values in the past twelve months? _____

C. COMMERCIAL LAW & BUSINESS TRANSACTIONS

N/A

1. How many lawyers at the **Firm** perform commercial law/business transactions? _____
2. What is the average number of years of commercial law/business transactions experience? _____
3. Describe the type and nature of the commercial law/business transactions, including a description of the parties represented.

4. Do the **Firm's** commercial law/business transactions services involve regulatory matters or audits? Yes No
If "Yes", what percentage of **Your** commercial law practice does this work account for? _____
5. What was the largest transaction value (not amount billed) in the past twelve months? _____

D. MERGERS & ACQUISITIONS N/A

1. How many lawyers at the **Firm** perform mergers & acquisitions work? _____
2. What is the average number of years of mergers & acquisitions experience? _____
3. Complete the following for the five largest mergers/acquisitions from the past two years:

Client Name	Transaction Value	Year	Friendly or Hostile	Description of Legal Services

**Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name field.*

E. CREDITORS' RIGHTS (BANKRUPTCY AND/OR COLLECTIONS) N/A

BANKRUPTCY N/A

1. How many lawyers at the **Firm** perform bankruptcy work? _____
2. What is the average number of years of bankruptcy experience? _____
3. Please provide the percentage of bankruptcy cases in the following categories:
- Debtor Representation: _____%
- Creditor Representation: _____%
- As Trustee: _____%
- Other: _____%
4. Does the **Firm** have standard review procedures to certify the accuracy of debtor schedule? Yes No
If "Yes", please provide a brief description:

5. Has the **Firm** or any of **You** ever represented debtors in bankruptcy proceedings where the total debt exceeded \$10M? Yes No
If "Yes", please describe and provide dollar value of total debt:

COLLECTIONS

N/A

1. How many lawyers at the **Firm** perform collections work? _____
2. What is the average number of years of collections experience? _____
3. Regarding the **Firm's** collections practice over the last 12 months, please provide a percentage breakdown:
 - Consumer Collections: _____%
 - Commercial Collections: _____%
 - Mortgage Foreclosures: _____%
4. How many collection cases did the **Firm** handle in the past 12 months? _____
5. What was the average dollar value of all collection cases handled by the **Firm** in the past 12 months? \$ _____
6. What was the maximum value of any single collection case handled by the **Firm** in the past 12 months? \$ _____
7. Does the **Firm** provide any services to purchasers of debt or debt consolidators? Yes No
 If "Yes", please explain:

8. Does the **Firm** accept collection cases in states outside of the **Firm's** office location(s)? Yes No
 If "Yes", please explain:

9. Does the **Firm** have written procedures to verify compliance with the FDCPA and all amendments? Yes No
10. Does the **Firm** have written procedures to verify the validity of an alleged debt? Yes No
11. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes? Yes No
12. Does the **Firm** use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone? Yes No
 If "No" to any of Questions 10-13, please provide an explanation on a separate sheet of paper.
13. Does the **Firm** permit outside collection firms to use its name or the name of any of its attorneys in collection activities? Yes No
14. Does the **Firm** or any of its attorneys have any kind of ownership interest in an outside collection agency? Yes No
15. Within the past five years, has the **Firm** or any of its attorneys executed any hold harmless or indemnity agreement in favor of any collection clients regarding their own violation or alleged violation of collection laws? Yes No

If "Yes" to any of Questions 14-16, please provide an explanation on a separate sheet of paper.

F. WILL/ESTATE/PROBATE/TRUST PRACTICE

N/A

1. How many lawyers at the **Firm** perform wills/estate/probate/trust (WEPT) work? _____

2. What is the average number of years of WEPT experience? _____
3. Does the **Firm** allow lawyers to accept gifts or bequests from WEPT clients? Yes No
4. Does the **Firm** provide investment advice or make decisions resulting in the purchase or sale of securities, real estate, or other investments? Yes No
If "Yes", please explain:

5. Do any lawyers at the **Firm** receive any kind of compensation from the purchase or sale of investment to or on behalf of any estate or trust? Yes No
6. Is any member of the **Firm** a Financial Advisor or Registered Representative? Yes No
If "Yes", please explain:

7. Does the **Firm** have authority to write checks in connection with any services as an Executor or Trustee? Yes No
If "Yes", are dual or countersignatures required? Yes No

8. For WEPT clients, does the **Firm**:
- a. Fully document all conversations and practices? Yes No
 - b. Video the execution of the will and trust documents? Yes No
 - c. Conduct a mental status evaluation? Yes No
 - d. Fully vet and prepare any witnesses? Yes No

9. Please complete the following chart estimating the percentage of **Firm's** WEPT work according to client's total asset size:

Clients Total Assets	Estimated Percentage of WEPT Work
Less than \$2,000,000	%
Between \$2,000,000 and \$5,000,000	%
Between \$5,000,000 and \$10,000,000	%
More than \$10,000,000	%

10. What was the asset value of the largest estate or trust worked on in the past 12 months? _____
11. What was the average asset value of all estates & trusts worked on in the past 12 months? _____
12. What percentage of the **Firm's** (WEPT) practice falls into each of the following categories?
(Must total 100%)

Estate Planning	%
Will Drafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Drafting and Advice (Living, Gift, Life Insurance, Charitable, Special Needs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Business Succession and Tax Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Directives/Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate Administration/Probate	%
Probate/Estate Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritance Tax Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate Litigation	%
Will Contests/Probate Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee/Executor Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Litigation (construing or reforming terms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. PLAINTIFF PERSONAL INJURY LITIGATION PRACTICE N/A

1. How many lawyers at the **Firm** perform plaintiff litigation work? _____
2. Total number of plaintiff personal injury cases during the past twelve months: _____
3. Percentage of cases settled before trial: _____ %
4. Does the **Firm** use written referral agreements 100% of the time when cases are referred in or out of the **Firm**? Yes No
If "No" what documentation is used?

5. Provide the following:
 - a. Average dollar value of all plaintiff personal injury cases from the past 12 months: _____
 - b. Largest judgment, award, or settlement from the past five years: _____
6. Types of cases:

Category	Percentage of Cases in Each Category	Average Value per Case	Highest Value of Case in Past Five Years	Years of Experience	Number of CLE Hours in the Last Year
Asbestos	%	\$	\$		
Automobile Liability	%	\$	\$		
Aviation	%	\$	\$		
Class Action / Mass Tort	%	\$	\$		
Employment Law – Employee Rep.*	%	\$	\$		
Legal Malpractice	%	\$	\$		
Medical Malpractice	%	\$	\$		
Non-Medical Professional Malpractice	%	\$	\$		
Personal Injury / BI / PD	%	\$	\$		
Pharmaceutical or Medical Device	%	\$	\$		
Product Liability	%	\$	\$		
Slip and Fall	%	\$	\$		
Tobacco	%	\$	\$		
Toxic Tort	%	\$	\$		
Workers Compensation	%	\$	\$		
Wrongful Death	%	\$	\$		
Other:	%	\$	\$		

**If any "Employment Law – Employee Representation", please complete the Employment Law section of this questionnaire.*

H. REAL ESTATE PRACTICE

N/A

1. How many lawyers at the **Firm** perform real estate work? _____
2. What is the average number of years of real estate experience? _____
3. What percentage of the **Firm's** real estate practice comes from each of the areas?
(Must total 100%)

Real Estate Practice Areas	Current Year	Previous Year
a. Residential Title searches, rendering of title opinions and other title work	%	%
b. Commercial Title searches, rendering of title opinions and other title work	%	%
c. Residential Closings – representation of buyers/lenders	%	%
d. Residential Closings – representation of sellers	%	%
e. Commercial Closings – representation of buyers/lenders	%	%
f. Commercial Closings – representation of sellers	%	%
g. Residential Land Use, Zoning	%	%
h. Commercial Land Use, Zoning	%	%
i. Eminent Domain	%	%
j. Landlord / Tenant	%	%
k. Construction Work and Mechanics' Liens	%	%
l. Condominiums, Cooperatives, and Town Houses (including conversion)	%	%
m. Foreclosure Work	%	%
n. Speculative Real Estate	%	%
o. Oil/Gas, Mineral, or Water Rights	%	%
p. Other (please describe):	%	%

4. Please provide a breakdown between residential and commercial, along with the average and maximum transaction values for each.

Residential Real Estate	%	\$	average	\$	max.
Commercial Real Estate	%	\$	average	\$	max.

5. During the last five (5) years, has the **Firm** or any of **You** been involved in the formation of real estate Syndications, real estate Investment Trusts, or Limited Partnerships? Yes No

If "Yes",

a. Please explain: _____

b. List percentage of gross billings for the last year derived from:

Real Estate Limited Partnerships	_____ %
Real Estate Syndications	_____ %
Real Estate Investment Trusts	_____ %

6. With regard to the **Firm's** real estate clients, does the **Firm** or any of **You**:
- a. Have a business relationship with the client other than the rendering of legal services? Yes No
 - b. Accept a percentage of the dollar value of a transaction in lieu of legal fees? Yes No

If "Yes" to a or b above please explain:

I. EMPLOYMENT LAW PRACTICE

N/A

- 1. How many lawyers at the **Firm** perform employment law work? _____
- 2. What is the average number of years of employment law experience? _____
- 3. Within the past five years, has the **Firm** or any of **You** been involved with any of the following:
 - a. Whistleblower cases Yes No
 - b. False Claims Act Yes No
 - c. Employment-related class action or collective action cases Yes No
 - d. Wage and hour claims Yes No
 - e. Collective bargaining Yes No

If "Yes" to any of the above, please provide a detailed explanation:

- 4. Has the **Firm** or any of **You** ever been involved with a case that was the subject of news media reports? Yes No

If "Yes", please provide details:

- 5. Has the **Firm** or any of **You** ever represented a celebrity, politician, or other public figure OR been involved with any high profile cases? Yes No

If "Yes", please provide a detailed explanation:

- 6. Please list your five largest clients/cases from the past two years within employment law:

Client Name	Industry	Case Value	Status of Case

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.