

Medmarc Casualty Insurance Company PROMARC® Preferred Lawyers Application

This is an Application for a claims made Errors & Omissions Insurance Policy

Notice to the Applicant: This is an application for a "Claims Made and reported" policy. Subject to all its terms, conditions, exclusions, and Limits of Liability, the policy provides insurance coverage only for Claims arising out of the rendition of Professional Services which are first made against the Insured and reported in writing to the Company during the Policy Period or any Extended Reporting Period.

The Limits of Liability under the policy will be reduced, and may be exhausted, by any Claims Expenses, as defined in the policy, that are paid by the Company on behalf of an Insured.

Instructions: Please answer all questions completely on this application. Type or print answers clearly. If there is insufficient space to complete an answer, continue on the last page of this application or on a separate sheet and indicate the applicable question number. If any questions are considered "not applicable," please explain why the question is not applicable unless the reason is readily apparent. This application and all supplemental applications must be signed and dated by a principal of the firm. "Principal" means any partner, officer or owner of Applicant. **"Applicant" means any entity or any individual for whom coverage is requested.**

ATTACH A COPY OF THE APPLICANT'S CURRENT LETTERHEAD FOR ALL OFFICES.

1. Applicant Information:

Applicant Name: _____ Telephone Number: _____

Primary Contact: _____ Fax Number: _____

Web Site URL: _____ E-Mail address: _____

Mailing address of principal office:

County of principal office: _____

Branch offices (include no. of attorneys in each):

2. Type of Firm: Sole Proprietorship_____ Partnership_____ LLP/LLC_____ PC_____ Other (specify) _____

- If Applicant is a single attorney firm please provide the following information for the attorney who would be responsible for your practice if you were unable to work for an extended period of time. (Please note: Attorneys applying for this insurance must be engaged in the private practice of law and not be employed full-time for any other entity.)

- Name of back-up attorney: _____
- Address: _____ Telephone #: _____
- Current professional liability insurer: _____

3. Date Applicant firm established: _____

4. List the names of all Predecessor Firms of applicant:

“Predecessor Firm” means any attorney, law firm or professional corporation engaged solely in the practice of law to whose the Named Insured retains 51% or more of the attorneys.

Name of Predecessor Firm	Date Established	% of Attorneys that are Members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continue to Exist?	Last Known Professional Liability Carrier	Predecessor Firm's Retroactive Date

5. Please provide the following information for each attorney in your firm:

Attorney's Name	Status**	Hours worked per week ⁺	M/D/Y joined this firm	M/D/Y admitted to Bar	DOB	Primary AOP	Prior Acts Date

** P=owner, shareholder, partner, officer or director, E=associate or employed attorney, PT=Part-Time employed attorney, OC=of counsel, IC=Independent Contract or per diem attorney

+ Required for Of Counsel, per diem, contract, and part time attorneys to indicate hours worked on behalf of Applicant

NOTE: All Independent Contract, Of Counsel, and Per Diem attorneys must be listed to be considered for coverage.

(If more space is needed please use the PROMARC Attorney Roster Addendum or provide the above information for the additional attorneys on firm letterhead).

Summary number of personnel for all offices:					
Number of:	Principals	Associates or employed attorneys	Of Counsel/ Contract/Per diem	Paralegals/ Law Clerks	Other Support Staff

6. Firm Areas of Practice: (Please indicate percentage of **time** devoted to the following areas of practice.)

<i>Area of Practice</i>	<i>Current</i>	<i>Projected</i>	<i>Area of Practice</i>	<i>Current</i>	<i>Projected</i>
Administrative/Social Security			Litigation		
Admiralty/Marine			**PI/PD Plaintiff		
Antitrust/Trade Regulation			PI/PD Defense		
Bankruptcy			Commercial – Plaintiff		
Business/Commercial			Commercial – Defense		
Collections			Ins. Co. Defense/Representation		
Communications			Workers Compensation –		
Construction			Workers Compensation –		
Corp./Business Organization			**Civil Rights/Discrimination		
Formation/Alterations			Other Plaintiff _____		
Mergers & Acquisitions			Other Defense _____		
Secured Transactions			Arbitration/Mediation		
Administrative/Record Keeping			**Pension/Employee Benefits		
Criminal			** Real Estate		
Elder Law			Residential		
**Energy/Natural Resources			Commercial		
**Entertainment/Sports			Foreclosure/Repossession		
Estate, Trust and Probate			Title Work		
Family/Domestic			**Securities		
Custody/Child Support			Tax		
Divorce			Personal Tax Returns		
Adoption			**Personal Tax Opinions		
Other			Corporate Tax Returns		
** Financial Institutions			**Corporate Tax Opinions		
**Government/Municipal			**Utilities		
**Healthcare			Other (describe):		
Immigration/Naturalization					
**Intellectual Property					
International					
Labor Relations – Union					
Labor Relations – Management			TOTAL (must be 100%):		

(**If any of your current or projected areas of practice fall into these categories please be sure to complete the appropriate supplemental questions found in the PROMARC® Supplemental Application.)

7. Have Applicant's areas of practice varied more than 10% per year within the past 2 years?
If yes, please provide details on firm letterhead. Yes _____ No _____

8. Indicate Applicant's gross revenues for the current fiscal year : \$ _____ past fiscal year: \$ _____

9. Does any attorney or non-attorney employee, or has any attorney or non-attorney employee in the past 10 years, provided services, or held a license as a securities dealer, registered representative, CPA, Financial Planner, Real Estate Agent or Broker? **If yes, provide full details on firm letterhead.** Yes _____ No _____

10. Does Applicant accept cases where the cause of action arises and is adjudicated outside Applicant's local jurisdiction (i.e. in another state)? Yes _____ No _____
 If yes, does Applicant refer such cases to local counsel? Yes _____ No _____

11. Does Applicant provide investment advice to any clients? **If yes, please provide details on firm letterhead.** Yes _____ No _____
12. Is Applicant involved in Speculative Real Estate? (Speculative real estate means representation of developers or principals in their endeavors to attract investors. Services include the preparation of promotional documents, procuring potential investors on behalf of the developer or principal, and similar services.) **If yes, please provide details on firm letterhead.** Yes _____ No _____
13. In the past 10 years, has Applicant represented any financial institution? **If yes, please complete a PROMARC® Financial Institutions Supplement.** Yes _____ No _____
14. Does Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the past 24 months?
If yes, please indicate on letterhead percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. Yes _____ No _____
15. a) In the past 24 months, how many suits has Applicant filed against clients for unpaid legal fees? **If any, provide full details on Fee Dispute Supplement.** _____
- b) Disposition of suits: #Open: _____ #Closed in favor of firm: _____ #Closed in favor of client: _____
16. In the past five years, has Applicant accepted client securities or other forms of compensation in lieu of fees? **If "yes" please provide full details on firm letterhead.** Yes _____ No _____
17. a) Does Applicant share office space with any other lawyer? Yes _____ No _____
- b) If yes, is letterhead shared? Yes _____ No _____
- c) What staff, if any, is shared? _____
- d) How is the phone answered? _____

Controls (All firms)

18. Does Applicant have written personnel procedures and guidelines regarding vacation time, absences, performance reviews and employee complaints? Yes _____ No _____
19. a) Which of the following are incorporated in Applicant's docket control system?
 ___single calendar ___dual calendar ___Master Listings ___Tickler system ___computer system
 ___verification of completion of events ___provisions for accident or illness ___Immediate entry of all dates
- b) How frequently are deadlines cross-checked? Daily___Weekly___Monthly___
- c) Does the system produce a daily or weekly calendar? Yes _____ No _____
20. a) Does Applicant maintain a system to avoid potential conflicts of interest? Yes _____ No _____
 ___oral/memory ___computer ___index file ___conflict committee
- b) Indicate the items captured by this system:
 ___client name ___clients principals ___client subsidiaries ___opposing party ___opposing counsel
 ___related individuals ___other _____ ___Predecessor firm conflict information

21. For what percentage of matters does Applicant:
- a) when accepting a representation, send an engagement letter? _____ %
- b) when declining a representation, send a non-engagement letter _____ %
- c) when ceasing a representation, send a disengagement letter? _____ %
22. Where Applicant provides legal services, does Applicant have a policy forbidding its attorneys from participating as a partner, officer, or director in any entity other than Applicant? **(If special circumstances exist as to why the firm does not have such a policy please explain on letterhead.)** Yes _____ No _____

Controls (firms with 10 or more full time attorneys)

23. Does Applicant have a full time Office Manager? Yes _____ No _____
24. Does Applicant have a Management/Executive Committee? If yes, answer the following: Yes _____ No _____
- a) How many members comprise such committee? _____
- b) How often does such committee meet? _____
25. Does Applicant have a formal training program for attorneys joining the firm? Yes _____ No _____
26. Does Applicant undergo internal (risk management) audits on a regular basis? Yes _____ No _____
27. Are CPA-audited financial statements produced on at least a yearly basis? Yes _____ No _____

Outside Interests

28. In the past five years has any attorney proposed for this coverage served or does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is or was a client at the time of service? **If yes, please complete a PROMARC® Outside Interests Supplement.** Yes _____ No _____
29. In the past five years has any attorney proposed for this coverage held an equity or financial interest in a client? **If yes, please complete a PROMARC® Outside Interests Supplement.** Yes _____ No _____
30. Is any attorney proposed for this coverage an employee of any organization, entity or governmental body other than Applicant? **If yes, please provide details on firm letterhead.** Yes _____ No _____
31. Is any attorney proposed for this coverage engaged in any professional/business activities other than the private practice of law? **If yes, please provide details on firm letterhead.** Yes _____ No _____

Claims and Disciplinary

32. During the past five years has any attorney proposed for this coverage been the subject of a disciplinary complaint, or been investigated, disciplined, reprimanded, sanctioned, suspended from practice, refused admission to practice, or disbarred by any court, administrative agency or bar association? **If yes, please provide full details on firm letterhead.** Yes _____ No _____

33. During the past five years, has any professional liability claim been made against Applicant or any past members of the firm or Predecessor Firm? **If yes, please complete a PROMARC® Claim/Incident Supplement.** Yes _____ No _____
34. At this time, does Applicant know of any act, omission or circumstance that could reasonably give rise to a professional liability claim against any of the following: the firm, any past or present attorneys in the firm, or any Predecessor Firm? **If yes, please provide full details on firm letterhead.** Yes _____ No _____
35. Have all claims, potential claims and incidents been reported to the firm's current or former professional Liability insurer? If no, why haven't they been reported? **Please provide details on firm letterhead.** N/A _____ Yes _____ No _____

Employment Practices Questionnaire

36. During the past five years have any claims for wrongful termination, employment discrimination or violation of any law or ordinance pertaining to employee benefits for any employee been made against Applicant? **If yes, please provide details on letterhead.** Yes _____ No _____
37. Does Applicant know of any act, omission or circumstance that could reasonably give rise to a claim for wrongful termination, employment discrimination or violation of any law or ordinance pertaining to employee benefits for any employee against the firm, any predecessor in business, or any past or present attorney(s) in the firm? **If yes, please provide details on firm letterhead.** Yes _____ No _____
38. During the past five years, has there been any grievance proceeding or other administrative hearing before any federal or state commission, board, or agency, brought against Applicant in connection with the violation of any civil rights law or act or labor relations law or act concerned with employment discrimination? **If yes, please provide details on firm letterhead.** Yes _____ No _____
39. Does Applicant know of any act, omission or circumstance that could reasonably give rise to a grievance proceeding or other administrative hearing before any federal or state commission, board, or agency, in connection with the violation of any civil rights law or act or labor relations law or act concerned with employment discrimination against the firm, any predecessor in business or any past or present attorney(s) in the firm? **If yes, please provide details on firm letterhead.** Yes _____ No _____

Past Insurance

40. Provide Applicant's insurance history for the last three years:

Policy Period (MDY to MDY)	Carrier	Limits (per claim/agg)	Deductible (per claim or agg)	No. of attorneys	Premium

IMPORTANT WARNINGS

Colorado – 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.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

New York – 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 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.

Ohio – Any person who, with intent to defraud or knowing that he/she 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.

Oklahoma – 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.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

Tennessee – 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.

Applicant hereby declares that the above statements and particulars are true and that Applicant has not omitted, suppressed or misstated any material facts and Applicant agrees that this application and all supplements thereto shall be the basis of the contract with the Company and that this application and supplements shall be incorporated into that contract. Applicant further agrees that it has a continuing obligation to report to the Company any material change in the circumstances of Applicant’s practice of law, including the addition or deletion of attorneys, and any acts or circumstances that have given or may give rise to a claim.

It is understood and agreed that the completion of this application and supplements thereto does not bind the Company to issue nor Applicant to purchase insurance.

NAME OF FIRM

DATE OF APPLICATION

BY: _____

TITLE: _____

