

**Medmarc Casualty Insurance Company
PROMARC® Preferred Lawyers Program**

RENEWAL/ANNIVERSARY 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.

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):

1. Have there been any changes greater than 10% to your areas of practice listed in the Application you submitted to us last year? **If yes, please provide updated Area of Practice grid.** Yes _____ No _____
2. Has Applicant added additional or deleted any areas of practice this past year? **If yes, please provide updated Area of Practice grid.** Yes _____ No _____
3. During the past year, has Applicant made any changes to its docket/calendar control system(s)? **If yes, provide details on firm letterhead.** Yes _____ No _____
4. a) During the past year, what percentage and dollar amount of the Applicant's billings are greater than 90 days over due? _____ % = \$ _____

- b) During the past year, how many suits has Applicant filed against clients for unpaid legal fees? **If any, complete Fee Dispute Supplement.** _____
- c) Indicate Applicant's gross revenues for the current fiscal year: \$ _____ past fiscal year: \$ _____
5. During the past year, has Applicant provided any legal services in connection with the offer and sale of securities? **If yes, provide details on firm letterhead.** Yes _____ No _____
6. During the past year, has Applicant performed any federal, state or municipal bond engagements? **If yes, provide details on firm letterhead.** Yes _____ No _____
7. a) During the past year, have there been any mergers, acquisitions or other changes resulting in a change in Applicant firm's masthead within the past policy year? **If yes, provide details on firm letterhead.** Yes _____ No _____
- b) During the past year, have there been any additions or deletions to Applicant's professional or paraprofessional personnel **If yes, provide details on firm letterhead.** Yes _____ No _____
- c) During the past year, has Applicant been adjudicated bankrupt or insolvent or is Applicant the subject of a pending bankruptcy petition? **If yes, provide full details.** Yes _____ No _____
8. a) During the past year, has any Applicant served as a director, officer, trustee or partner of any entity which was a client at the time of service? **If yes, complete Outside Interest Supplement.** Yes _____ No _____
- b) During the past year, has any Applicant held an equity or financial interest (other than fees for services rendered) in a client? **If yes, complete Outside Interest Supplement.** Yes _____ No _____
9. During the past year has any applicant 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, provide details on letterhead.** Yes _____ No _____
10. During the past year, has any professional liability claim been made against Applicant or any past members of the firm or Predecessor Firm? **If yes, please complete PROMARC® Claim/Incident supplement.** Yes _____ No _____
11. 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, provide details.** Yes _____ No _____
12. During the past year has any claim 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 complete Claim/Incident supplement.** Yes _____ No _____
13. 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, provide full details.** Yes _____ No _____
14. During the past year, 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, provide full details.** Yes _____ No _____

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.

The above statements are true and Applicant has not misstated, omitted, or suppressed any material fact(s). It is understood and agreed that this Renewal/Anniversary Application and any previously completed Renewal/Anniversary Application(s) and/or Application(s) shall be the basis of the contract with the Company and that this Renewal/Anniversary Application, previously completed Renewal/Anniversary Application(s), and Application(s) shall be incorporated into that contract

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: _____

