



# YOU'RE INVITED



To participate in a professional  
liability insurance program  
designed exclusively  
for **Law Firms**

*presented by*

**FLAG INSURANCE SERVICES**

*A Target Capital Company*

# PROFESSIONAL LIABILITY INSURANCE

## APPLICATION - COVER PAGE

To make the completion of our application easier we have prepared this  
“application-cover page”

**If any Supplement sheets are needed:**  
**CALL 800-748-3524**

### THE BASIC APPLICATION MUST BE COMPLETED

**Basic Application** ACE-PF-21454 10

### **\*CALL FOR SUPPLEMENT**

<b>SUPPLEMENT SHEET</b>	<b>Form Number</b>	<b>PGS.</b>
Business Related Activities	ACE-PF-21354	1
Claims Information	ACE-PF-21355	1
*Class Action Litigation	ACE-PF-21356	1
Collection Work	ACE-PF-21357	1
Corporate Mergers or Acquisitions	ACE-PF-21358	2
*Entertainment	ACE-PF-21359	2
*Environmental	ACE-PF-21360	1
*Financial Institution	ACE-PF-21361	1
*Intellectual Property	ACE-PF-21362	4
Investment Counseling/Money Management	ACE-PF-21363	2
*Labor Union Representation	ACE-PF-21364	1
*Limited Partnership	ACE-PF-21366	2
Oil/Gas/Mining	ACE-PF-21368	1
Outside Interest	ACE-PF-21369	1
*Real Estate Development	ACE-PF-21371	2
*Securities Law	ACE-PF-21372	3
Title Agency	ACE-PF-21373	2

In addition to the above please include any other material that may have been requested or referred to. This would include a copy of your letterhead, listings of additional locations, and a copy of your current policy's Declarations page.

WE SUGGEST YOU SEND A COMPLETED APPLICATION VIA MAIL,  
OR IF A QUOTATION IS NEEDED WITHIN 72 HOURS, YOU MAY FAX  
IT TO US AT 954-724-7445.

*THANK YOU*



Westchester Fire Insurance Co.

LAWYER'S ERRORS & OMISSIONS LIABILITY INSURANCE APPLICATION

Administered by: THE PLUS COMPANIES

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. IT IS IMPORTANT THAT YOU REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. WESTCHESTER FIRE INSURANCE COMPANY WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH YOU ARE AWARE OF PRIOR TO THE INCEPTION DATE OF THIS COVERAGE, IF OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Enclose a copy of your firm's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This application and all supplemental forms must be signed and dated by a principal of the firm. The original copy of the signed and dated application is needed before any coverage can be bound.

Return this and all supplemental applications to the Program Administrator at



FLAG INSURANCE SERVICES A Target Capital Company

5701 Pine Island Road • Suite 350 Fort Lauderdale, Florida 33321 Toll Free 800-748-3524 • Facsimile 954-724-7445

Proposed Effective Date: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 a.m. Standard Time at the address of the Applicant

I. GENERAL INFORMATION

- 1. Applicant: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_
Do you have additional office locations? If Yes, please provide details on a separate attachment. [ ] Yes [ ] No
3. Telephone Number: \_\_\_\_\_ 4. Fax Number: \_\_\_\_\_
5. Website Address: \_\_\_\_\_ 6. Date your firm was established: \_\_\_\_\_
7. Number of your lawyers who are State Bar Certified Legal Specialists: \_\_\_\_\_
8. a. Is your firm listed in Martindale-Hubbell? [ ] Yes [ ] No
b. If Yes, indicate the number of your lawyers who are rated AV by Martindale-Hubbell: \_\_\_\_\_
9. Please list all Predecessor firms of the Applicant to whose financial assets and liabilities the Applicant is the majority successor in interest. "Majority successor in interest" means that the Applicant assumed 50% or more of the former firm's assets and liabilities. Please include any firms that have dissolved or have merged with or into the Applicant in which the Applicant is a successor to the former firm's assets or liabilities.

Table with 6 columns: NAME OF FIRM, DATE FORMED, DATE OF MERGER OR DISSOLUTION IF APPLICABLE, PERCENTAGE OF ASSETS AND LIABILITIES ASSUMED, NO. OF PRINCIPALS OR PARTNERS, NO. OF EMPLOYED LAWYERS

10. Provide total gross revenues for the applicant firm for the past three (3) years or fiscal year period. If newly established, indicate anticipated gross revenues for the current year.
\$ \_\_\_\_\_ current year
\$ \_\_\_\_\_ last year
\$ \_\_\_\_\_ 2 years ago







3. a. Securities Related Activities - Indicate if any past or present lawyer in any way associated with your firm has had any involvement in the following areas within the past five (5) years:
- i. Registration, issuance, offering, or sale of any bonds or securities - If Yes, please complete the Supplemental Securities Application.  Yes  No
  - ii. Promoter, syndicator, general partner, or managing general partner of any limited partnership, other than a family limited partnership - If Yes, please complete the Limited Partnership Supplemental Application.  Yes  No
- b. Business Related Activities - Indicate if any past or present lawyer in any way associated with your firm has had any involvement in any of the following areas within the past two years:
- i. Discretionary investment authority over client funds, except for wills and trusts  Yes  No
  - ii. Deal maker - locate potential investors, buyers, partners or lenders for any project, business, or other venture  Yes  No
  - iii. Due diligence on behalf of a prospective buyer of a business  Yes  No
  - iv. Drafted or negotiated any terms of any buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets, or any commercial property or real estate, where the values involved were \$5,000,000 or more?  Yes  No
  - v. Accept compensation on a commission basis or based on dollar value of sale  Yes  No
- c. If Yes to 3.b.i. through 3.b.v., please complete the Business Related Activities Supplement.
4. a. Business Involvements with Clients/Outside Interests - For all past or present clients of the firm, has the firm or any predecessor firm or any lawyer or employee thereof within the past two (2) years served as a director, officer, or employee, or had any kind or amount of equity or ownership interest in the client, or engaged in any kind of business venture with the client?  Yes  No
- b. If Yes, please complete the following for each client. If more than three (3) clients, please provide complete details on a separate sheet:

INFORMATION NEEDED	CLIENT #1	CLIENT #2	CLIENT #3
i. Name of client:			
ii. Indicate nature of client enterprise:			
iii. Is client a for profit corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Is client publicly traded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. If Yes to above, indicate ticker symbol:			
vi. Name of Lawyer:			
vii. Date of Affiliation:			
viii. Indicate position held by Lawyer:			
ix. Indicate highest percentage of firm billings:	%	%	%
x. Indicate highest percentage of equity interest held by all firm members:	%	%	%
xi. Is client insolvent or has client ceased operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Has client had a past, pending, or threatened E&O or D&O suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



5. Within the last five (5) years, has your law firm, or any Insured, ever acted as either In House General Counsel, or as Outside General Counsel for any Publicly Owned Client?  Yes  No

If "Yes", please complete the Publicly Owned Clients Supplemental Application.

Note:

For purposes of this Application, the following three definitions apply:

- (1) "In House General Counsel" means any Insured who provides legal advice or legal services as an employee or independent contractor working in the offices of any Publicly Owned Client.
- (2) "Outside General Counsel" means your law firm, or any Insured, who provides legal advice or legal services to any Publicly Owned Client relative to all or most of that client's corporate, commercial, or contractual related legal matters.
- (3) "Publicly Owned Client" includes any former or present client of yours whose outstanding stock has been sold or traded at any time via any public stock exchange.

### III. CLIENT RELATIONS

1. Major Client - Did any one client (including affiliated or related clients) account for twenty-five percent (25%) or more of your gross revenues during the past twelve (12) months? If Yes, please provide complete details on a separate attachment.  Yes  No

2. a. Suits for Fees - How many suits for collection of 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 counterclaim alleging malpractice might be filed in response thereto?  Yes  No

3. Insolvent Clients - Please check the applicable box(es) if any past or present client for whom you provided any kind of legal service or advice subsequently became insolvent, bankrupt, or went into liquidation or receivership during the past two (2) years unless your representation was solely limited to bankruptcy work:

- a. At any time, had you been corporate counsel or general counsel for the client?  Yes  No
- b. Was client publicly owned, or had its stock been traded on any stock exchange?  Yes  No
- c. Was client any type of financial institution, financial services company, insurance company, or investment company?  Yes  No
- d. Did your firm provide any environmental, investment counseling, patent, real estate or securities legal service advice to the client?  Yes  No

If Yes to any part of Question 3, please provide complete details on a separate attachment.



4. Financial Institution Clients - During the past two (2) years, have you provided any of the following services to any type of Financial Institution client? If Yes, please complete the Financial Institution Supplemental Application.
- a. Acted as general counsel?  Yes  No
  - b. Served on any executive or loan committee?  Yes  No
  - c. If Yes to Question 4.b., did you approve loans for any firm clients, the applicant firm, firm employees, their spouses or individuals known to be family members of a firm employee?  Yes  No
  - d. Performed any commercial loan due diligence or commercial loan documentation work?  Yes  No

#### IV. FIRM MANAGEMENT AND ADMINISTRATION

1. General - In your firm, are the following items present or actively in use:
- a. Full time office administrator  Yes  No
  - b. Formalized professional liability risk management program  Yes  No
  - c. CPA audited or CPA compiled annual financial statement  Yes  No
  - d. Fidelity Bond  Yes  No
  - e. Formalized peer review program or procedure  Yes  No
  - f. Standard pre-printed new client interview forms  Yes  No
  - g. Engagement letters on new clients and new matters  Yes  No
  - h. Disengagement or non-engagement letters  Yes  No
- 2.
- a. Does the firm ever sub-contract or refer any kind of work to other law firms or other third parties? If yes, what is the total percentage of work that is sub-contracted \_\_\_\_\_%  Yes  No
  - b. If Yes, does the firm require and confirm that the subcontracting entity carries separate errors and omissions insurance?  Yes  No
  - c. Please attach separate sheet detailing what kind of work is sub-contracted or referred, and what steps are taken to protect the firm from suits due to the errors and omissions of the firm to whom the client is referred.
3. Internet Activity - Is your firm involved "on-line", other than attorney-client e-mail, in the following activities?
- a. Marketing for new clients and accepting new clients  Yes  No
  - b. Providing any legal services or advice to anyone  Yes  No
  - c. Providing case status updates to clients  Yes  No
  - d. Maintenance of any legal bulletin boards or chat rooms  Yes  No
  - e. Briefly describe the efforts to ensure the security of your firm's website/and/or related electronic communications \_\_\_\_\_  
\_\_\_\_\_
4. Computerization/Automation - Check each of the below functions or areas for which your firm is automated or computerized:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounts Receivable Management | <input type="checkbox"/> Case Management Systems      | <input type="checkbox"/> Legal Research       |
| <input type="checkbox"/> Attorney Timekeeping           | <input type="checkbox"/> Expert Systems               | <input type="checkbox"/> Legislative Tracking |
| <input type="checkbox"/> Automated Substantive Systems  | <input type="checkbox"/> Firm Financial Management    | <input type="checkbox"/> Litigation Support   |
| <input type="checkbox"/> Billing                        | <input type="checkbox"/> In-house Work Products Index | <input type="checkbox"/> Other _____          |



**VI. DISCIPLINARY PROCEEDINGS AND CLAIM ACTIVITY**

**IMPORTANT NOTICE: All known claims and/or circumstances that could result in a Professional Liability claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a professional liability claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance. Further, failure to disclose such claim, act, error, omission or circumstance may result in the proposed insurance being void and/or subject to rescission.**

- 1. a. Has any firm member, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body?  Yes  No
- b. If Yes, please provide complete details on a separate sheet, including a copy of the courts final opinion.
- 2. a. To Applicant's knowledge, has any firm member had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action?  Yes  No
- b. If Yes, please provide complete details on a separate sheet.
- 3. a. Has any professional liability claim or suit been made in the past five (5) years against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)?  Yes  No
- b. If Yes, indicate total number of claims: \_\_\_\_\_
- c. After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s)?  Yes  No
- d. If Yes, indicate total number of such incidents: \_\_\_\_\_

If Yes to any part of Question 3, a Supplemental Claim Form must be completed for each claim or incident in order for your Application to be considered.

**VII. COVERAGE REQUESTED**

- 1. Limits of Liability: Please indicate the limit of liability desired:

PER CLAIM/ANNUAL AGGREGATE		
<input type="checkbox"/> \$ 250,000 / \$ 250,000	<input type="checkbox"/> \$1,000,000 / \$3,000,000	<input type="checkbox"/> \$ 6,000,000 / \$ 6,000,000
<input type="checkbox"/> \$ 250,000 / \$ 500,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$ 7,000,000 / \$ 7,000,000
<input type="checkbox"/> \$ 500,000 / \$ 500,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$ 8,000,000 / \$ 8,000,000
<input type="checkbox"/> \$ 500,000 / \$1,000,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000	<input type="checkbox"/> \$ 9,000,000 / \$ 9,000,000
<input type="checkbox"/> \$ 1,000,000 / \$1,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000	<input type="checkbox"/> \$10,000,000 / \$10,000,000
<input type="checkbox"/> \$ 1,000,000 / \$2,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000	<input type="checkbox"/> Other: _____

- 2. Annual Aggregate Deductible (This is the total of your contribution for all reported claims in any policy year):  
Indicate your choice of a deductible from the options listed below. The Company might require a higher deductible and proof of financial ability to pay a deductible. In selecting the deductible, please remember that claim expenses, including legal fees and cost of defense, are chargeable to the deductible:

ANNUAL AGGREGATE DEDUCTIBLE		
<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> Higher (specify) \$ _____



3. Prior Acts Date Desired: \_\_\_\_\_

**PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.**

**By signing this Application, you represent and agree to each of the following five (5) items:**

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Business Related Activities Supplemental App      | <input type="checkbox"/> Labor Union Supplemental Application                   |
| <input type="checkbox"/> Claim Information Supplemental Application(s)     | <input type="checkbox"/> Limited Partnership Formation Supplemental App         |
| <input type="checkbox"/> Class Action Supplemental Application             | <input type="checkbox"/> New Lawyers Supplemental Application(s)                |
| <input type="checkbox"/> Collection Work Supplemental Application          | <input type="checkbox"/> Oil/Gas/Mining Supplemental Application                |
| <input type="checkbox"/> Corporate Mergers & Acquisitions Supplemental App | <input type="checkbox"/> Prior Acts Ext. – Specified Lawyers at Specified Firms |
| <input type="checkbox"/> Entertainment Supplemental Application            | <input type="checkbox"/> Publicly Owned Clients Supplemental Application        |
| <input type="checkbox"/> Environmental Practice Area Supplemental App      | <input type="checkbox"/> Real Estate Development Supplemental App               |
| <input type="checkbox"/> Financial Institution Supplemental Application    | <input type="checkbox"/> Securities Supplemental Application                    |
| <input type="checkbox"/> Intellectual Property Supplemental Application    | <input type="checkbox"/> Title Agency Supplemental Application                  |
| <input type="checkbox"/> Investment Counsel/Money Mgmt Supplemental App    | <input type="checkbox"/> Other: _____   |

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
  - a. Accurate, true and complete to the best of your knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations you are making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.



**NEW YORK FRAUD WARNING:** 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.

**FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia):** Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in Section VI.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

**NOTICE:** By applying for this insurance, the applicant also is applying for membership in Premier Attorneys Purchasing Group, Inc., a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing professional errors and omissions liability insurance to lawyers. The sole purpose of becoming a member is to purchase professional liability insurance.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

Complete and return to:



**FLAG INSURANCE SERVICES**

*A Target Capital Company*

5701 Pine Island Road • Suite 350

Fort Lauderdale, Florida 33321

Toll Free 800-748-3524 • Facsimile 954-724-7445



A grayscale, textured image of the United States flag, showing the stars and stripes. The flag is slightly wavy and has a fine, woven texture.

**SUPPLEMENTAL  
FORMS**





Westchester Fire Insurance Co.

**BUSINESS-RELATED ACTIVITIES  
SUPPLEMENTAL APPLICATION**

**Administered by:  
THE PLUS COMPANIES**

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if Applicant answered affirmatively to any part of question 3.b. of Section II, Firm's Practice, of the policy Application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

1. **Discretionary investment authority over client funds (except for wills and trusts):**  Not Applicable
- a. What are the dollar amounts involved? \$ \_\_\_\_\_
- b. What is the duration in time that an attorney has acted in this capacity for each specific client? \_\_\_\_\_
- c. Is the investment authority at the attorney's discretion or are there specific, limiting (written) criteria to which the attorney must adhere? If written criteria, please attach a sample.  Discretion  Written

2. **Due diligence on behalf of a prospective buyer of a business:**  Not Applicable
- a. Please explain what activities the attorney has performed in this regard.  
\_\_\_\_\_  
\_\_\_\_\_
- b. Has the attorney limited the scope of his/her due diligence services in writing via engagement letter or otherwise?  Yes  No
- c. Has the attorney's due diligence activity involved investment valuation or opinions regarding valuation?  Yes  No

3. **Drafting or negotiation of terms of a buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets or any commercial property or real estate, where the values involved were \$5,000,000 or more:**  Not Applicable
- a. Did the firm negotiate and draft the terms of the buy-sell agreement?  Yes  No
- b. Was the other party to the sale represented by their own independent counsel?  Yes  No
- c. Was the firm responsible for arranging any financing or loans involved in the buy-sell agreement?  Yes  No

4. **Acceptance by the firm of compensation on a commission basis or based on dollar value of sale.**  Not Applicable
- a. Describe the details of the arrangement by which compensation will be provided to the firm on this basis. \_\_\_\_\_  
\_\_\_\_\_
- b. How many times has the firm accepted this form of compensation in the past twelve (12) months? \_\_\_\_\_
- c. Does the firm have internal guidelines concerning the acceptance of compensation on this basis?  Yes  No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)





Westchester Fire Insurance Co.

CLAIMS INFORMATION SUPPLEMENTAL APPLICATION

Administered by: THE PLUS COMPANIES

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant showed any activity in the CLAIMS ACTIVITY Section VI. on the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

1. APPLICANT FIRM:
2. a. Name of Attorney involved in the claim:
b. Name of the Firm involved in the claim:
3. Additional Defendants:
4. Full name of Claimant / Plaintiff:
5. Present Status of Claim (Check One): In Suit Open Incident / Potential Claim Formal Claim Closed
6. a. Date of alleged error:
b. Date claim / incident made against firm:
c. Date claim / incident reported to Insurer:
d. Name of insurer to whom you reported claim:
7. If claim is closed, answer a., b., and c. below. If claim is open, please go to question 8.
a. Total defense costs paid: \$
Total indemnity paid: \$
b. Was loss paid by insurer? Yes No If yes, total deductible applied: \$
Total paid, excess of deductible: \$
c. Out of Court Settlement: Yes No Date of settlement:
Court Judgment: Yes No Date of judgment:
8. If claim is open, please answer the following:
a. Claimant's settlement demand: \$
b. Defendant's offer for settlement: \$
c. Insurer's loss reserve: \$
d. Applicant / Insured's estimate of settlement amount \$
9. Description of claim or incident which may give rise to claim:
a. Alleged act, error, or omissions upon which claim or incident is based:
b. Description of events leading to claim or incident:
c. Current status:

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)





Westchester Fire Insurance Co.

COLLECTION WORK SUPPLEMENTAL APPLICATION

Administered by: THE PLUS COMPANIES

NOTE: For purposes of this Supplemental Application, the term "Collection" means any activity relative to collecting or attempting to collect any personal or consumer debt. The term "Collection" also means any kind of advice or legal or other services provided to any party who was or is involved in any way in collecting or attempting to collect any personal or consumer debt.

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant showed any activity in the Collection area of practice shown in Section II. "Firm's Practice," on the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT NAME: \_\_\_\_\_

- 1. During the past three (3) years, approximately how many different individual consumer debtors have been contacted by phone, letter, e-mail, fax or otherwise, by anyone presently or formerly employed by, or in any way affiliated with the Applicant?
2. During the past three (3) years, how many lawyers, non-lawyer employees, independent contractors or other persons or entities in any way affiliated with the Applicant have been involved in contacting consumers relative to debts owed or any other kind of consumer debt collection activities?
3. a. During the past three (3) years, have you allowed any collector, collection agency, or other party to use your law firm name or any of your lawyer's names in any collection-related letter?
b. If Yes, please explain in detail:
4. a. During the past three (3) years, have you provided any kind of advice or opinion to any party relative to their development or implementation of any debt collection procedures, or relative to whether any kind of collection letter or collection-related activity of theirs would be in compliance with the provisions of the federal Fair Debt Collection Practices Act, or any related or similar federal or state statute or regulation?
b. If Yes, please explain in detail:
5. a. Within the past three (3) years, has any lawyer presently or formerly associated with your firm, or their past or present spouse, had any beneficial ownership interest of any kind in any collection agency?
b. If Yes, please explain in detail:

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)





Westchester Fire Insurance Co.

**CORPORATE MERGERS OR ACQUISITIONS SUPPLEMENTAL APPLICATION**

**Administered by:**  
THE PLUS COMPANIES

**NOTE:** For purposes of this Supplemental Application, the following definitions apply:

1. "Corporate Merger" means any combining of the assets and liabilities of two corporations into a single surviving corporation.
2. "Corporate Acquisition" means the acquisition of all or a majority of the outstanding shares of stock of one corporation by any other corporation or other party.

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if the Applicant showed any activity in the Corporate Mergers/Acquisitions area of practice shown in Category E. of Section II. "Firm's Practice," on the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

1. How many of each of the following situations have you performed legal services or advice for during the past three (3) years?

Merger of Publicly Held Companies

Merger of Privately Held Companies

Acquisition of a Publicly Held Company

Acquisition of a Privately Held Company

Other (Describe)

2. Please complete the following relative to the three (3) largest mergers and also for the three (3) largest acquisitions for which you have rendered any legal services or advice during the past three (3) years:

MERGERS - TOTAL POST MERGER ASSET SIZE	ACQUISITIONS - TOTAL APPROXIMATE PURCHASE PRICE
1. \$	1. \$
2. \$	2. \$
3. \$	3. \$

3. Check each box below if you have provided this kind of service relative to any corporate merger or acquisition during the past three (3) years:

- Corporate Due Diligence - analysis of documents or records
- Corporate Due Diligence - interview of corporate management
- Assist in negotiating the terms of the merger or acquisition



- Drafting of the merger or acquisition contract
- Rendering of any kind of tax advice
- Rendering advice or services on governmental regulatory issues
- Registration of securities
- Providing business related consultation or advice
- Other (describe) \_\_\_\_\_

4. For all of the mergers and acquisitions shown in Question 1., did you provide the client, in advance of your representation, with a written engagement letter which clarified the exact nature and scope of legal services that you would be providing?  Yes  No
5. a. Do you have formal written procedures in effect which address issues relative to the permissibility of buying or selling the stock of a client of your firm, along with addressing insider trading issues?  Yes  No
- b. If Yes, are there written potential penalties in place for violation of the procedures, including termination from the firm?  Yes  No
6. During the past three (3) years, have any of the following ever occurred relative to any corporate merger or acquisition for which you rendered any kind of legal or other services? Please check Yes or No for each question. If Yes to any part of Question 6. below, please attach complete details on a separate sheet.
- a. In a corporate acquisition, you represented both the acquiring party and also the corporation being acquired, or its majority shareholders?  Yes  No
- b. In a corporate merger, you represented both of the corporations being merged, or their majority shareholders?  Yes  No
- c. An agreed to merger or acquisition did not consummate for any reason?  Yes  No
- d. As the result or byproduct of a merger or acquisition, any shares of stock or other securities were retired or were de-listed or ceased trading on any stock exchange?  Yes  No
- e. The corporate merger or acquisition could be characterized as being "hostile," or against the desire of the current management of the company being acquired?  Yes  No
- f. Any civil litigation of any kind by any parties relative to the merger or acquisition?  Yes  No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)





# INVESTMENT COUNSELING/MONEY MANAGEMENT SUPPLEMENTAL APPLICATION

**NOTE:** For purposes of this Supplemental Application, the following definitions apply:

1. "Investment Counseling" means any verbal or written advice, opinion, or recommendation that you have provided to any party relative to the financial merits or desirability of making, or not making, any particular financial investment.
2. "Money Management" means any investment decisions or choices or actual investments you have made on behalf of any party.

## APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant showed any activity in the Investment Counseling/Money Management area of practice shown in Category E. of Section II. "Firm's Practice," on the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

1. a. Please indicate below the total number of clients you have, along with your total annual gross revenues from both commissions and fees derived from Investment Counseling and/or Money Management activities for the past two (2) calendar years, and the projected totals for the current calendar year.

YEAR	NUMBER OF CLIENTS	TOTAL ANNUAL GROSS REVENUES
Current		

- b. For the revenue projected for the current year listed in 1.a. above, please indicate the approximate percentage derived from:

SERVICE	PERCENTAGE OF REVENUE
Financial Planning Fees	%
Investment Advisory Fees	%
Commissions from Life/Health/Disability Product Sales	%
Commissions from Mutual Fund, Annuity, Stocks/Bonds, Derivatives, Real Estate Investment Trust, Unregistered Securities	%
Benefit/Pension Plan Counseling	%
Accounting Service	%
Business Management Counseling	%
Economic Forecasting	%
Asset or Client Fund Management	%
Discretionary Investment Authority	%
Other (Please attach an explanation)	%
<i>Total (Must Equal 100%)</i>	<i>%</i>



2. Please check each box below if, during the past two (2) years, you have recommended to any party that they make that type of an investment, or if you have made that type of an investment on behalf of any of your past or present clients.

- |  |  |
|--|--|
| <input type="checkbox"/> Stocks or Bonds                                 | <input type="checkbox"/> Private Placements        |
| <input type="checkbox"/> Commodities, Options, Derivatives or Currencies | <input type="checkbox"/> Venture Capital Investing |
| <input type="checkbox"/> Mutual Funds                                    | <input type="checkbox"/> Commercial Real Estate    |
| <input type="checkbox"/> Hedge Funds                                     | <input type="checkbox"/> Real Estate Development   |
| <input type="checkbox"/> Limited Partnerships                            | <input type="checkbox"/> Other _____ (Describe)    |

3. a. Do you have custody or possession of any investment assets or funds that belong to another party?  Yes  No

b. If Yes, what is the approximate total amount of all such assets or funds? \_\_\_\_\_

4. During the past two (2) years, have any of the following occurred relative to any past or present Investment Counseling or Money Management client? Please check either Yes or No for each question. If Yes to any part of Question 4. below, please attach complete details on a separate sheet.

- a. Has any entity that you have invested in on behalf of any party, or that you have recommended that any party invest in, ceased operations, or gone insolvent, bankrupt, or into receivership or liquidation?  Yes  No
- b. Have you, or anyone at your firm, drafted a will, trust, or other document under which you, any relative of yours, or anyone at your firm is a beneficiary?  Yes  No
- c. Have you, or anyone at your firm, ever been active in the management or operation of any investment vehicle (except under the auspices of a will, trust, or family limited partnership)?  Yes  No
- d. Have you, or anyone at your firm, been the subject of any regulatory inquiry or action of any kind by the SEC, the NASD, or any other federal or state governmental agency?  Yes  No
- e. Have you, or anyone at your firm, ever had any kind of business or professional license suspended or revoked?  Yes  No

I/We declare that this information and/or any information provided as a supplement hereto, is complete, accurate, and true to the best of our knowledge. I/We understand that this information and/or any information provided as a supplement hereto, becomes a part of our professional liability application and is subject to the same representations.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Must be signed by a Principal or Partner)

Complete and return to:



**FLAG INSURANCE SERVICES**

*A Target Capital Company*

5701 Pine Island Road • Suite 350  
 Fort Lauderdale, Florida 33321

Toll Free 800-748-3524 • Facsimile 954-724-7445





Westchester Fire Insurance Co.

OIL / GAS / MINING  
SUPPLEMENTAL APPLICATION

Administered by:

THE PLUS COMPANIES

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant showed any activity in the Oil/Gas/Mining area of practice shown in Section II. "Firm's Practice," on the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

1. What are the names of the attorney(s) who do the oil and gas title work for your firm? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are any of the attorneys Board Certified Specialists in Oil, Gas & Mineral Law?  Yes  No

3. a. Has the firm performed any type of title work relative to properties which have oil, gas, coal, or other minerals on them, or any purchase or lease negotiation work?  Yes  No

b. If Yes, please provide name of client and the type of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. a. Has any attorney at the firm represented more than one party of interest to an oil, gas or mineral bearing parcel of land (e.g., buyer-seller of the land, lessor-lessee of the land, lessee-sub lessee, etc.?)  Yes  No

b. If Yes, please explain situation in detail, along with how possible conflict of interest issues were addressed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. a. During the past three (3) years, has any past or present client for whom you have provided any oil, gas, mining, or mineral interest related title services or legal services of any kind ceased operations, or become insolvent or bankrupt?  Yes  No

b. If Yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)







# TITLE AGENCY SUPPLEMENTAL APPLICATION

## TITLE AGENCY GENERAL INFORMATION

1. Title Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip
2. If there are other locations, please provide the above information for each location on an attachment.
3. Applicant is:  Individual  Corporation
4. Date Title Agency began operations: \_\_\_\_\_
5. Total number of title agency staff: \_\_\_\_\_

## TITLE AGENCY OPERATIONS

1. Total annual gross revenue for the past twelve (12) months: \$ \_\_\_\_\_
2. What is the approximate percentage breakdown of your total gross revenue for the past twelve (12) months for the following categories of real estate?
- |                                       |         |
|---------------------------------------|---------|
| Existing residences                   | _____ % |
| Existing commercial properties        | _____ % |
| Construction/development properties   | _____ % |
| Agricultural or raw land              | _____ % |
| Oil/gas or other deposits on property | _____ % |
| Other (please describe)               | _____ % |
| Total                                 | 100 %   |
3. Carriers represented - list all title insurers in which business is or has been placed in the last five (5) years. Include any bar-related title insurer or fund:

NAME OF TITLE INSURER	DATE FIRST REPRESENTED	CURRENT ANNUAL PREMIUM VOLUME	UNDERWRITING AUTHORITY (YES OR NO)



1. Please answer each of the following questions "Yes" or "No". Attach a detailed explanation of any "Yes" answers.

- a. Has the name of the agency changed in the past three (3) years?  Yes  No
- b. Does any person or entity with any ownership interest in the title agency also own, control, or operate any title insurer, contracting or construction business, financial institution, or real estate development company?  Yes  No
- c. Has any title insurer ever made a claim against your agency?  Yes  No
- d. Has any person at your title agency ever had any professional or business license of any kind suspended or revoked?  Yes  No
- e. Have any claims or suits been made during the past five (5) years against the applicant, its predecessor firm or any of the officers or employees of the firm?  Yes  No
- f. Is the applicant, its predecessor firm, or any officer or employee of the firm aware of any situation, circumstances, act, error or omission which may result in a claim made against them?  Yes  No

**INSURANCE COVERAGE**

1. Prior Coverage - list all title agents professional liability insurance carried during the past two (2) years. If none, state "None."

INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	POLICY PERIOD

I/We declare that this information is complete, accurate, and true to the best of our knowledge. I/We understand that this information becomes a part of our professional liability application and is subject to the same representations.

Date: \_\_\_\_\_  
(Must be signed and dated within 30 days prior to inception)

Signed: \_\_\_\_\_  
(President, Vice President, Owner, or Partner of Title Agency)

Complete and return to:



**FLAG INSURANCE SERVICES**

*A Target Capital Company*

5701 Pine Island Road • Suite 350  
 Fort Lauderdale, Florida 33321  
 Toll Free 800-748-3524 • Facsimile 954-724-7445





## **FLAG INSURANCE SERVICES**

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