

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
RENEWAL APPLICATION**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

NOTICE: This professional liability coverage is provided on a Claims Made and Reported basis. Only claims that are first made against the insured and reported to the Company during the policy term are covered, subject to the policy provisions.

Applicant Instructions: Please complete all questions, noting N/A where not applicable. Enclose a copy of the law firm's letterhead. The application must be dated and signed by a partner, officer or owner of the firm.

1. Name (Primary Firm Name): _____
 Is this a d/b/a (doing business as) name? Yes No If yes, provide legal name: _____
 Policy Number: _____ Renewal Date: _____
 Contact Person: _____ Email Address: _____
 Street Address: _____
 City: _____ County: _____ State: _____ ZIP: _____
 Office Phone: _____ Office Fax: _____ Website: _____

2.
 - a. Have any lawyers left the firm since completion of the last application? Yes No
If yes, please provide on a separate sheet the name(s) of the lawyer(s) who left and the termination date for each, if not previously reported.
 - b. Have any lawyers joined the firm since completion of the last application? Yes No
If yes, please complete an Add Lawyer Information Supplement for each new hire not previously reported.
 - c. Have any lawyer(s) changed to full-time or to part-time since completion of the last application? Yes No
If yes, please provide on a separate sheet the name(s) of the lawyer(s) and average weekly hours.

3. Since completion of the last application, has the firm:
 - a. changed its procedures for docket/diary control? Yes No
 - b. filed any fee suits against clients? Yes No
 - c. changed its conflict of interest procedures? Yes No
 - d. changed its back-up lawyer? Yes No
 - e. implemented or changed its web site? Yes No
 - f. increased or decreased the number of support staff? Yes No

If yes to any of the above, please explain on a separate sheet.

4. Since completion of the last application, has an office location been added, or has the applicant entered into an office sharing arrangement? Yes No
If yes, please explain on a separate sheet.

5. For any entity other than civic, charitable, or public benefit non-profit organization, does any lawyer:
 - a. have a new position as a director/officer/trustee or partner? Yes No
 - b. have a change in any previously reported position or equity? Yes No
 - c. have any new or changed managerial/fiduciary control? Yes No
 - d. have any new or changed ownership or management? Yes No
 - e. act as an employee of any organization other than the applicant? Yes No
 - f. provide any professional services other than as a lawyer? Yes No

If yes, please complete the Outside Interests Supplement

6. Gross Revenue for the most recent calendar year: _____

7. Since completion of the last application were any services performed in the areas of:

- | | |
|--|--|
| <input type="checkbox"/> IPO, Bond Private Placement Syndication, Securities | <input type="checkbox"/> Class Action |
| <input type="checkbox"/> Entertainment Client or Industry | <input type="checkbox"/> Copyright, Patent or Trademark |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Oil and Gas |
| <input type="checkbox"/> Foreign Adoptions | <input type="checkbox"/> Construction Defect (Plaintiff) |

If yes, please provide details on firm letterhead.

8. Since completion of the last application, has the firm been adjudicated bankrupt or insolvent or subject to a pending bankruptcy petition? **If yes, please explain on a separate sheet.**

Yes No

9. AREA OF PRACTICE

Indicate the percentage of time devoted to the following types of practice during the past 12 months and complete the Area of Practice Supplement, if needed (MUST TOTAL 100%). **If there has been no change in the past 12 months, you may indicate that here and not complete the chart below.** No Change

COLUMN A		COLUMN B		COLUMN C	
	Percentage		Percentage		Percentage
Ad Valorem Tax – Commercial	%	Oil and Gas	%	Plaintiff	
Ad Valorem Tax – Residential	%	Public Utilities	%	Admiralty	%
Administrative Law	%	Social Security	%	BI/PI Plaintiff	%
Adoptions	%	TAX-Commercial Preparation	%	Civil Rights / Employment	%
Antitrust Trade Regulations	%	TAX-Individual Preparation	%	Class Action / Mass Tort	%
Appellate - Non Criminal	%	TAX – Opinions	%	Commercial Litigation	%
Bankruptcy	%	Venture Capital	%	Legal Malpractice	%
Collection	%	Water Law	%	Medical Malpractice	%
Communication	%			Product Liability	%
Construction	%	Defense		Workers Compensation	%
Corporation Formation	%	Admiralty	%	Other	%
Corporate General	%	Arbitration / Mediation	%		
Divorce - Marital Assets < \$2M	%	BI/PI	%	Abstracting/Title	%
Divorce - Marital Assets \$2M to \$5M	%	Civil Rights/Employment	%	Banking/Financial Institutions	%
Divorce - Marital Assets > \$5M	%	Class Action / Mass Tort	%	Entertainment	%
Elder Law	%	Commercial Litigation	%	Estate Planning - Assets < \$2M	%
Environmental	%	Criminal	%	Estate Planning-Assets \$2M to \$5M	%
ERISA	%	Criminal - Appellate	%	Estate Planning - Assets > \$5M	%
Family Law (other than Divorce)	%	Insurance Company	%	Probate	%
Foreclosures	%	Legal Malpractice	%	Real Estate – Commercial	%
Fiduciary	%	Medical Malpractice	%	Real Estate Development	%
Health	%	Product Liability	%	Real Estate – Limited Partnerships	%
Housing Court	%	Workers Compensation	%	Real Estate - Residential	%
Immigration	%	Other	%	Real Estate Syndications	%
International	%			Wills and Trusts	%
Investment Cnslng/Money Mgt	%	Bonds	%		%
Labor – Employee / Union	%	Copyright	%	Complete Supplement Application for all AOPs in Column C above	
Labor – Management	%	Patent	%	Other	%
Local Government / Municipal	%	Trademark	%	Other	%
M&A -Combined Assets < \$2M	%	Private Placements	%	Other	%
M&A-Combined Assets \$2M to \$5M	%	Securities – Federal	%		
M&A - Combined Assets > \$5M	%	Securities – State	%	Total %	100%

10. Since completion of the last application, has any lawyer covered under the policy been the subject of any investigation or disciplinary action regarding their license to practice? **If yes, please explain on a separate sheet.** Yes No
11. Since completion of the last application, has any lawyer covered under the policy been refused admission to the bar or any bar association, court, or administrative agency? **If yes, please explain on a separate sheet.** Yes No
12. During the current policy year, have any claims or suits been made against the firm, its predecessor firms, or any of the lawyers proposed for this insurance that have not been previously reported to this Company
If yes, please complete the Claim Information Supplement Yes No
13. Is any member of the firm aware of any act, error, omission, or specific circumstances involving a particular person or entity which could reasonably be expected to result in a professional liability claim against the firm, any past or present lawyers in the firm, or any predecessor firm? **If yes, please explain on a separate sheet.** Yes No

Fraud Warning – I acknowledge the applicable fraud warning for my state as shown on the Fraud Warning Notices Page.



Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

For Agent's Use Only (Where Required By Law)

Name of Agency: _____

Agency Address: _____ Telephone Number: _____

Agent's Name: _____ Signature: _____

Date: _____

Fraud Warning Notices

Please read the fraud warning notice for your state:

General Fraud Warning – 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.

Alabama Fraud Warning – 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.

Arizona Fraud Warning – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Fraud Warning – For your protection, California law requires the following to appear on this form: any person who knowingly presents 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.

Colorado Fraud Warning – 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.

District of Columbia Fraud 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.

Delaware Fraud Warning – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida Fraud Warning – 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.

Idaho Fraud Warning – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Kentucky Fraud Warning – Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime.

Maine Fraud Warning – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning – Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who 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.

Massachusetts Fraud Warning – Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota Fraud Warning – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Fraud Warning – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Fraud Warning – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning – 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.

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 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 Fraud Warning – Any person who, with the 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.

Oklahoma Fraud Warning – 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.

Oregon Fraud Warning – Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee Fraud Warning – 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.

Vermont Fraud Warning – 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 may be guilty of insurance fraud.

Virginia Fraud Warning – 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.

Washington Fraud Warning – 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.

West Virginia Fraud Warning – 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.

**PROFESSIONAL LIABILITY INSURANCE
ADD LAWYER INFORMATION SUPPLEMENT**

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1. New Lawyer: _____ Name of Insured Firm: _____

New Lawyer Position in this Firm *	Average Hours Per week	State Bar Admissions	Year Admitted	Years in Practice	Area of Practice Specialty	Date of Hire
						/ /

* Positions: "O" Owner/Officer/Partner "A" Associate/Employed Lawyer "OC" Of Counsel "IC" Independent Contractor

Name of Prior Firm	Exact Dates Associated From (MDY) to (MDY)	Professional Liability Carrier	Primary Area of Practice	Position in Firm *
	/ / - / /			
	/ / - / /			
	/ / - / /			

2. Have you or your prior firm purchased an Extended Reporting Period Endorsement (ERP) on your behalf? Yes No

If yes: ERP Effective from: _____ **to** _____

3. Does your new firm (Insured Firm listed above) wish to provide prior acts coverage? (Prior acts coverage means coverage for acts or omissions that occurred prior to the Date of Hire listed in Question 1. above.) Yes No

If yes, what retroactive date is being requested? Requested Retroactive Date: _____ **(Please attach proof of insurance showing continuous coverage from this date to the date of hire.)**

4. Are you an employee of any organization other than the Insured Firm listed above? Yes No

If yes, please explain: _____

5. Within the last 6 years, have you acted as a director, officer, partner or trustee for, or exercised any form of managerial or fiduciary control over, any business enterprise other than the Insured Firm? Yes No

If yes, please complete the Outside Interests Supplement.

6. Have you ever been the subject of any investigation or disciplinary action regarding your license to practice law? Yes No

If yes, please explain on a separate sheet.

7. Have you ever had any professional liability insurance declined, cancelled, refused to renew, or accepted only on special terms? **If yes, please explain on a separate sheet.** Yes No

8. Have you ever been refused admission to the bar or any bar association, court or administrative agency? Yes No

If yes, please explain on a separate sheet.

9. In the past five (5) years have there been any claims or suits made against you regarding services you performed or failed to perform? **If yes, please complete a Claim Information Supplement.** Yes No

10. Are you aware of:

- a. any circumstance, act, error or omission which could be the basis of a claim or suit? Yes No
- b. any potential malpractice claim or suit reported to a previous insurance carrier? Yes No
- c. any adverse judgment which could be the basis of a claim or suit? Yes No
- d. any missed statute of limitations? Yes No

- e. any dissatisfaction with representation? Yes No
- f. any client, client representative or lawyer that has made an oral or written threat of filing a lawsuit or filing a grievance with a regulatory board? Yes No

If yes to any of a. through f. above, please provide details on a separate sheet, and advise the number of potential claims. _____

11. Have all claims, potential claims and incidents been reported to your current or former professional liability insurer? Yes No
If no, please note: To avoid loss of coverage, it is imperative that all known claims and/or circumstances, acts, errors or omissions that could result in a professional liability claim against you, your current firm, its predecessor firms or any lawyers in the firm be reported to your current insurer within the time period specified in your current policy.

12. Have the firm's areas of practice changed with your addition to the firm? Yes No
If yes, please explain: _____

13. Have you continued representation of any clients or cases from your prior law firm? Yes No
 a. Has each case been reviewed for potential conflicts of interest? Yes No
 b. Has each case been entered into all docket control systems? Yes No
 c. Has each case been reviewed for potential claims? Yes No
 d. Has each client been notified of the change in law firm? Yes No
 e. Has each client received an updated engagement/retention letter? Yes No
If no to any of the above, please explain on a separate sheet.

14. As to all former clients for which you have entered an appearance, and who are no longer your clients, has a substitution of lawyer or withdrawal of appearance been completed? Yes No
If no, please explain on a separate sheet.

15. During the past five (5) years, have you practiced in any of the following areas of law: Securities, Bond work, Intellectual Property, Financial Institutions (Regulatory), International (other than immigration), Antitrust, ERISA? Yes No
If yes, please describe on a separate sheet the nature of your practice in these areas.

16. During the past ten (10) years, have you had any equity interest or served as director, officer, partner, general counsel, or member of any committee of any entity which is a past or present client? Yes No
If yes, please complete the Outside Interests Supplement.

Fraud Warning – I acknowledge the applicable fraud warning for my state as shown on the Fraud Warning Notices Page.

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Signature of New Lawyer: _____ Date: _____

Signature of Partner, Officer or Owner of Applicant Firm: _____ Title: _____

Date: _____

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Authorization to Release Information

I, the undersigned hereby authorize my present and prior professional liability carriers, (including ProAssurance all affiliates), any and all attorneys who have represented me in connection with any claim of professional liability, and any other individuals, associations or entities having information regarding me, to release to ProAssurance upon its request, any information which in the judgment of any such person noted above, may have bearing upon my acceptability to ProAssurance as a professional liability risk, including but not limited to closed, pending or anticipated claims, underwriting or other information.

I hereby release and agree to hold harmless all persons or organizations, their agents, servants, and employees, ProAssurance, its directors, officers, employees and agents from any liability arising from releasing the above information, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

I further agree that ProAssurance and all persons and organizations described above may rely upon a photo copy of this Authorization, which shall be of equal validity with the signed original.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof:

Signature of New Lawyer: _____ Date: _____

For Agent's Use Only (Where Required By Law)

Name of Agency: _____

Agency Address: _____ Telephone Number: _____

Agent's Name: _____ Signature: _____

Date: _____

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New Hampshire Fraud Warning – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Fraud Warning – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning – 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.

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 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.

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**LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLAIM INFORMATION SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement for each claim or incident within the past five (5) years:

1. Full Name of Applicant/Insured Firm: _____
2. Full Name of Lawyer(s) Involved in Claim: _____
3. Name of Firm involved in Claim: _____
4. Additional Firm Participants: _____
5. Full Name of Claimant: _____
6. a. Indicate Type: Claim/Suit Incident..... b. Indicate Status: Open..... Closed.....
7. a. Date Claim/Incident made against Firm: _____ b. Date Claim/Incident reported to Insurer: _____
c. Name of Insurer Claim/Incident was reported to: _____
8. Did Carrier (check one): a. Defend _____ b. Defend under a reservation of rights _____ c. Disclaim Coverage _____
9. If Claim is **Closed**, answer a, b, & c below. If claim is **Open**, please go to Question 10.
 - a. Out of Court Settlement: Yes No Date of Settlement: _____
 - b. Court Judgment: Yes No Date of Judgment: _____
 - c. Total defense costs paid: \$ _____ Total Indemnity paid: \$ _____ Deductible paid: \$ _____
10. If Claim is **Open**, answer each of the following (please do not leave any blank):
 - a. Claimants settlement demand: \$ _____
 - b. Defendants offer for settlement: \$ _____
 - c. Insurer's Loss Reserve: \$ _____
 - d. Insurer's Expense Reserve: \$ _____
 - e. Defense Expenses to date: \$ _____
11. Description of alleged act, error or omission upon which claimant bases the Claim. Include events leading to the Claim. **Please do not attach summons or complaint.** Use additional sheets for more details. _____

12. Explain what action has been taken to prevent a recurrence of a similar Claim. Use additional sheets for more details.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
 OUTSIDE INTEREST SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Name of Applicant Firm: _____

1. For each lawyer proposed for this insurance, provide the following for any positions or equity interests in any entity or organization other than the applicant firm within the past five (5) years.

Name of Lawyer	Name of Business	Position Held	D & O Insurance (Y / N)	Non-Profit Charitable or Civic Org. (Y / N)	Current or Past Client of the Firm? (Y / N)	% Equity Interest	% of Firm's Annual Billings

2. Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest?Yes No
3. Has a signed waiver been obtained from all parties?Yes No
4. Does the applicant have policies and procedures in place to protect against insider trading?Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
ESTATE AND TRUST SUPPLEMENT**

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Please complete this supplement if any lawyer listed on the application shows a percentage in the Estate Planning, Probate and/or Wills and Trusts areas of practice.

Name of Applicant Firm: _____

1. Please provide the following information for the five largest estates/trusts to which any member of the firm provided legal services in the last twenty-four (24) months.

	Size of Trust/Value of Assets	Name of Attorney	% of Firm Billings	Date Services Began	Description of Services Provided
1					
2					
3					
4					
5					

2. Is a written agreement in place that clearly defines the scope of any estate or trust services provided? Yes No

3. Does a second firm lawyer review all trust and estate documents drafted by a firm lawyer? Yes No

4. For estate and trust clients, does the firm:

a. Have the authority to write checks? Yes No

b. Have discretionary control of funds? Yes No

c. Provide investment advice and/or make investments? Yes No

d. Receive compensation in the form of a commission or fee from the purchase or sale of investments to or on behalf of any estate or trust? Yes No

If yes to any of the above questions, please explain in detail on a separate sheet of paper.

5. How often is an independent audit or reconciliation of active estates or trusts conducted? _____

6. Do firm lawyers acting as Trustees/Personal Representatives/Executors engage in the following:

a. Use of trust funds to invest in entities related in any way to the firm? Yes No

b. Employment by the trust of anyone related in any way to a firm lawyer or employee? Yes No

c. Use of trust funds as loans to any firm client, firm lawyer or employee, or person related in any way to a firm member? Yes No

d. Delegation of trustee duties to others? Yes No

If yes to any of the above questions, please explain in detail on a separate sheet of paper.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
 FINANCIAL INSTITUTION SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement if any lawyer listed on the application shows a percentage in the Banking/Financial Institutions area of practice.

Name of Applicant Firm: _____

1. What percentage of your services is for financial institution clients? %
2. Of the percentage listed above, advise the percentage of these services that include:
 - a. Residential: loan documentation, real estate closings, foreclosures or title work %
 - b. Commercial: loan documentation, real estate closings, foreclosures or title work %
 - c. Financial/Investment advisory services %
 - d. Provided responses to regulatory examinations, or advice on regulatory issues %
 - e. Bankruptcy or collection %
 - f. Trusts %
 - a. Average number of trusts handled per year _____
 - b. Average trust value _____
 - c. Highest trust value _____
 - g. Other: _____ %
3. Is the applicant involved with the financial or valuation analysis of loan transactions? Yes No
4. Has the applicant rendered legal opinions regarding the legality, appropriateness or efficacy of any tax benefit transactions, tax treatment, tax strategy or tax shelters? Yes No
5. Complete the following for all Financial Institution clients. Attach additional sheets as needed.

Name and address of Financial Institution	Insured by the FDIC or NCUA?	Indicate all positions held	Percent Equity Interest	Involvement with loan approvals?	Initial formation or securities services?	Provide details for all services provided
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
PLAINTIFF SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement if any lawyer listed on the application shows a percentage in the Plaintiff areas of practice.

Name of Applicant Firm: _____

1. Provide the following for the firm's Plaintiff practice during the past twenty four months.

Type of Case	Percentage of Billings	Average Number of Cases Per Year	Percentage of Cases Settled Before Trial	Average Award or Settlement	Largest Award or Settlement
Admiralty					
Automobile					
Class Action/Mass Tort					
Commercial Litigation					
Employment related					
Legal Malpractice					
Medical Malpractice					
Product Liability					
Product Liability (Medical Devices)					
Slip and Fall					
Workers Compensation					
Other (Specify):					

2. Does the applicant accept referrals for any of the above? Yes No
If yes, average number of referrals received per year _____

3. Does the applicant refer any plaintiff matters to other law firms? Yes No
If yes, average number of referrals per year _____

4. Please indicate the three (3) largest settlements/awards obtained within the past twenty four (24) months and the type of case involved:

\$ _____ Type of Case _____
 \$ _____ Type of Case _____
 \$ _____ Type of Case _____

5. Average number of plaintiff cases handled per lawyer in the past twelve (12) months _____

6. Average number of years of experience for lawyers practicing plaintiff litigation _____

7. Does the applicant advertise on radio or TV? **If yes, please attach transcript of ad** Yes No

8. Does any lawyer meet with prospective clients prior to agreeing to representation? Yes No

9. Are non-engagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? Yes No

10. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?

At least one year prior: Six months to one year prior: Three to six months prior:
One to three months prior: Less than one month prior: Other: _____

11. Are settlement offers provided to the client(s) in writing?.....Yes No

12. Are rejected settlement offers approved by the client(s) in writing?.....Yes No

13. Has the applicant been involved in any class action representation in the past six (6) years?Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Name of Applicant Firm: _____

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
REAL ESTATE SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement if any lawyer listed on the application shows a percentage in the Real Estate area of practice.

Name of Applicant Firm: _____

1. Provide the following regarding the firm's real estate practice.

Type of Representation	Percentage of Practice	Number of Cases Per Year	Average Real Estate Value (past 24 months)	Largest Real Estate Value (past 24 months)
<i>Commercial Real Estate</i>				
Closings				
Development				
Foreclosures				
Land Use				
Leases				
Limited Partnerships				
New Construction				
Syndications				
Title Searches / Opinions				
Other:				
<i>Residential Real Estate</i>				
Closings				
Foreclosures				
Land Use				
Leases				
New Construction				
Title Searches / Opinions				
Other:				

2. For those lawyers practicing in residential real estate, indicate the average number of transactions per month for the past year _____

3. For those lawyers practicing in commercial real estate, indicate the average number of transactions per month for the past year _____

4. Does the firm review real estate transactions for potential environmental concerns? Yes No

a. If yes, does the firm provide findings in a written report, including any limitations? Yes No

b. If no, are clients advised to seek an independent environmental evaluation? Yes No

5. Does the firm provide an engagement letter, for each representation, that clearly defines the scope of representation?.....Yes No
6. During the last five (5) years, has the firm or any lawyer proposed for this insurance been involved in Real Estate Syndications or the formation of Limited Partnerships?.....Yes No

If yes:

a. Please explain _____

b. List percentage of gross billings for the last year derived from: Limited Partnerships _____% Syndication Offerings _____%

7. Is anyone in the firm 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.)Yes No

8. Does anyone in the firm have a business relationship with real estate clients other than the rendering of legal services?Yes No

If yes, please explain _____

9. Does anyone in the firm hold a real estate broker license?Yes No

10. Average years experience in the area of real estate for all lawyers in firm _____

11. Has anyone in the firm represented both buyer and seller in a real estate transaction?Yes No

12. Does any lawyer in the firm perform "witness only" closings?Yes No

13. Does any lawyer in the firm act as a title agent?Yes No

If yes, answer the following questions:

a. What is the total number of title insurance policies issued in the past 12 months? _____

b. What is the total commission income from all title policies issued in the past 12 months? _____

- c. After inquiry of each lawyer proposed for this insurance, is the undersigned aware of any defect in title that was not reported in a title insurance policy issued by the firm?Yes No

If yes, please complete a Claim Information Supplement.

- d. After inquiry of each lawyer proposed for this insurance, is the undersigned aware of any demand, claim or suit made within the past five years against the firm under a title insurance policy issued by the firm?Yes No

If yes, please complete a Claim Information Supplement.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____