



Lawyers PROtectSM
Professional Liability Insurance
Renewal Application

IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT IS WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS

- Complete any applicable supplement as indicated by the answers to the Application.

Claim Supplement	Outside Interest Supplement
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- Applicants must complete an Individual Lawyers Supplement in addition to the Application.

APPLICANT'S INFORMATION

Legal Name Of Applicant:	<input style="width: 100%;" type="text"/>		
Business Address:	<input style="width: 100%;" type="text"/>		
City:	<input style="width: 20%;" type="text"/>	State:	<input style="width: 20%;" type="text"/>
Zip Code:	<input style="width: 100%;" type="text"/>		
Business Phone:	<input style="width: 20%;" type="text"/>	Web Address:	<input style="width: 60%;" type="text"/>
Date Established:	<input style="width: 20%;" type="text"/>	Policy Effective Date:	<input style="width: 20%;" type="text"/>
Risk Management Contact:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> PA/PC
<input type="checkbox"/> Other (describe): <input style="width: 80%;" type="text"/>			

- Within the past twelve (12) months or within the next twelve (12) months, has the Applicant or does the Applicant expect to:

<input type="checkbox"/> Merge, acquire or consolidate with any other entity?	<input type="checkbox"/> Enter into any new business activities or services (including new procedures or products being offered?)
<input type="checkbox"/> Sell or divest another entity or facility?	<input type="checkbox"/> Discontinue any operations or services?

If "Yes", please provide full details.

- During the last twelve (12) months, has the Applicant added or closed any offices? Yes No

If "Yes", please provide full details.

FIRM'S PRACTICE

3. Provide the Applicant's gross revenue for the past twelve (12) months:

4. In the last twelve (12) months, has the Applicant changed any of its areas of practice? Yes No
 If "Yes", complete Area of Practice grid. Round to nearest whole number. Total must equal 100%.

Areas Of Practice	This Year	Areas Of Practice	This Year
Admiralty/Maritime	%	Financial Institutions – Other	%
Alternative Dispute Resolution	%	Financial Institutions – Regulatory	%
Antitrust	%	Personal Injury – Plaintiff	%
Appellate	%	Med Mal – Plaintiff	%
Business Formation	%	Mass Tort/Class Action – Plaintiff	%
Mergers & Acquisitions/IPOs	%	Personal Injury – Defense	%
Business Transactions	%	Med Mal – Defense	%
Civil Rights & Discrimination	%	Mass Tort/Class Action – Defense	%
Bankruptcy	%	Health Care	%
Collection/ Foreclosure/Loan Workouts	%	Immigration and Naturalization	%
Business & Commercial Litigation	%	Insurance Defense - Litigation	%
Construction Law/Building Contracts	%	Insurance Defense - Coverage	%
Consumer Claims/Administrative Law	%	Patent Prosecution – U.S.	%
Criminal Law	%	Patent Prosecution – non-U.S.	%
Employee Benefits	%	Trademark/Copyright	%
Entertainment Law	%	IP Litigation	%
Environmental Law	%	Labor & Employment - Employer	%
Estate Planning and Drafting	%	Labor & Employment - Employee	%
Trust Administration	%	Natural Resources/Oil & Gas	%
Family Law – Divorce	%	Real Estate – Residential	%
Family Law – Juvenile and Other	%	Real Estate – Commercial	%
Federal, State & Local Government Representation (not Bonds)	%	Real Estate – Landlord/Tenant/Condo	%
Securities	%	Workers' Compensation – Plaintiff	%
Bonds	%	Workers' Compensation - Defense	%
Taxation/Tax Opinions	%	Other (describe):	%

5. During the last twelve (12) months, has the Applicant Firm added or changed its focus in any of the following areas of practice?

Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intellectual Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estate/Probate/Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plaintiff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection/Bankruptcy/Foreclosure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax/Tax Opinions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Institutions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "Yes" to any of the above, complete the applicable area of practice supplement.

6. Has the Applicant discovered or suspected impairment of any of its attorneys? Yes No
 If "Yes", please provide full details.

7. During the last twelve (12) months, has the Applicant Firm seen any changes in type of clients served? Yes No

If "Yes", please complete the following chart regarding the types of clients served (Total must equal 100%):

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals – High Net Worth (>\$10m assets)	%	Small Public Companies (<\$100m revenues)	%
Individuals – All Other	%	Large Public Companies (>\$100m revenues)	%
Small Private Companies (<\$100m revenues)	%	Fortune 500 Companies	%
Large Private Companies (>\$100m revenues)	%	Government or Public Institutions	%
Non-profit Organizations or Charities	%	Others (please specify):	%

OPERATIONS & ADMINISTRATION

Controls and Procedures

8. In the last twelve (12) months, has the Applicant made any of the following changes to policies and procedures involving:
- Docketing/calendaring? Yes No
- Conflict of interest system? Yes No
- Engagement, non-engagement or disengagement letters? Yes No
- Suits for fees? Yes No
- Ability to serve on outside boards or obtain equity interest in clients? Yes No
- Social media, document retention, data storage or electronic device use? Yes No
- Verification of wire instructions received over email? Yes No
- If "Yes" to any of above, please provide full details.

9. In the last twelve (12) months, has any member of the Applicant Firm assumed a position as director or officer for; assumed managerial or financial control of; or obtained or changed equity interest in a client? Yes No
- If "Yes", complete an Outside Interest Supplement.

10. In the last twelve (12) months, did any one (1) client represent more than 25% of the firm's gross revenue? Yes No
- If "Yes", please provide full details.

11. How many suits for fees has the Applicant filed in the last twelve (12) months?

CYBER AND NETWORK SECURITY

12. How many records do you store?

PII	
PHI	

13. In the last twelve (12) months, has there been any change in following:

Practice or distribution of Corporate Security policies? Yes No
 Training of employees for use of computer systems, password policies or defense against social engineering & phishing attempts? Yes No

14. In the last twelve (12) months, have you made any change in policies for performing backups and re-imaging processes? Yes No

15. In the last twelve (12) months, have you made any changes in following systems for technological defense? Yes No

Firewalls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-virus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intrusion detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Encryption for all records and confidential data	<input type="checkbox"/> Yes <input type="checkbox"/> No	Data loss prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "Yes" for any of above questions (a,b,c,d.), please provide full details.

CLAIMS HISTORY

16. In the last twelve (12) months, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim or First Party Event, or inquiry or investigation, being made against them? Yes No

If "Yes," please provide full details.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 18 IS EXCLUDED FROM THE PROPOSED INSURANCE.

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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

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 denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of 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.

New Jersey, New Mexico

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.

Ohio

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.

Oklahoma

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

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

Yes No

Did your office control this risk in the past year?

Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE