



Lawyers PROtectSM
Professional Liability Insurance
New Business 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

1. Complete the appropriate area of practice supplement if Applicant provides services in the following areas:

Bankruptcy	Real Estate	Intellectual Property
Collections	Estate, Probate & Trust	Plaintiff
Foreclosure	Entertainment	Defense Litigation
Financial Institution	Tax Opinions	Securities or Bonds

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

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

APPLICANT'S INFORMATION

Legal Name Of Applicant:

Business Address:

City: State:

Zip Code:

Business Phone: Web Address:

Date Established: Policy Effective Date:

Risk Management Contact:

Corporation
 Individual
 Partnership
 PA/PC
 PLLP/LLP

Other (describe):

Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.

1. Please complete the following for each location?

City/State	# Lawyers	Centrally Managed	Central Systems and Procedures
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does the Applicant anticipate any material changes within the firm in the next twenty-four (24) months? Yes No

If "Yes", do the changes include any of the following?

<input type="checkbox"/> Changes in areas of practice	<input type="checkbox"/> Dissolution
<input type="checkbox"/> Additional offices	<input type="checkbox"/> Merger or acquisition of another firm
<input type="checkbox"/> Adding group or groups of attorneys	<input type="checkbox"/> Change in corporate structure or management
<input type="checkbox"/> Loss of group or groups of attorneys	<input type="checkbox"/> Bankruptcy or other financial reorganization

3. Does the Applicant own, operate or manage any business or facilities other than the operations described in this Application? Yes No

If "Yes", please provide full details, including name of entity and the Applicant's ownership interest/management role.

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4. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

Is coverage desired for any predecessor firm? Yes No

5. Has the Firm participated in a Joint Venture in the last five (5) years? Yes No

Joint Venture Project	Fees
	\$
	\$
	\$

CURRENT COVERAGE

6.	Carrier	Policy Period	Limit	Deductible	Premium

7. Retroactive Date (Prior Acts):

Has the applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? Yes No

(Missouri Applicants - Do not answer this question)

If "Yes", please provide full details (if required, please attach additional sheet).

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FIRM'S PRACTICE

8. Please identify the Applicant's area(s) of practice based on the Applicant's gross billings. Please use whole numbers. 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):	%

9. Please provide the following financial information for the Applicant:

	Year Ending: (MM/DD/YYYY)	Gross Revenue	Net Revenue
Latest Fiscal Year		\$	\$
1st Prior Fiscal Year		\$	\$
2nd Prior Fiscal Year		\$	\$

10. Are any of the firm's accounts receivable more than ninety (90) days past due? Yes No
 If "Yes", what percentage of accounts receivable are past due? %

11. Is any of the Applicant's work:
 a. Performed in jurisdictions outside of the states where the Applicant has office locations? Yes No
 b. Performed for clients who are located outside the United States? Yes No
 If "Yes" to any of the above, identify the type of work done and the jurisdiction.

12. In the last five (5) years, has any of the Applicant's work involved:
- a. Representation of plaintiffs in class action or mass tort litigation? Yes No
 - b. Issuance of securities or compliance with laws and regulations governing securities? Yes No
 - c. Intellectual property? Yes No

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

13. List the total number of:
- a. Current lawyers (complete the Individual Lawyer(s) Supplement for each lawyer in the firm):
 - b. Lawyers leaving the firm in the last twelve (12) months:
 - c. Lawyers joining the firm in the last twelve (12) months:
 - d. Paralegals and law clerks:
 - e. Investigators:
 - f. Other non-lawyer staff:

14. Does the Applicant share any of the following with any Firm or lawyer(s) who is/are not members of the Applicant Firm?

Office Space	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secretary/Receptionist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client Files	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letterhead	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lawyers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "Yes", describe the arrangement and list all lawyers by name. Use separate sheet.

15. Have any of the Applicant's clients or former clients declared bankruptcy or become insolvent in the last year? Yes No

If "Yes" and these services were other than bankruptcy-related services:

- a. Please identify the client:
- b. Describe services rendered:

16. Please provide the following information about the Applicant's three (3) largest clients:

Client Name	Year First Represented	Nature of Legal Services Provided by Applicant	Percent of Gross Billings
			%
			%
			%

17. 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 (describe):	%

OPERATIONS & ADMINISTRATION

18. Does the Applicant have a full-time legal administrator? Yes No
 If "Yes", is the legal administrator a member of a national organization? Yes No

Client Intake and Conflict Avoidance

19. Does the Applicant use a centralized computerized system to maintain client lists and check conflicts of interest? Yes No
20. If a conflict of interest is determined, do written procedures require:
- a. Review by a disinterested third party (such as a managing partner, managing committee or other governing body)? Yes No
 - b. Written disclosure? Yes No
 - c. Informed consent? Yes No
 - d. Written waiver of the conflict by the client? Yes No

21. Under what circumstances are dual representations of clients where there is a conflict or potential conflict permitted by the firm?

22. Does the Applicant have a common process applicable to all lawyers and practice groups regarding client intake procedures? Yes No
 If "Yes", does this process include approval of at least one non-interested partner, the management committees or other committee before the client is accepted? Yes No

23. Is a background check performed on ever new client prior to acceptance? Yes No
 If "Yes", does the background check include:

Pending/Prior Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial/Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Representation History	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If any of the above are not required, why not?

24. Does the Applicant require:
- a. Engagement letter before each new matter is accepted? Yes No
 - b. Non-engagement letters if a matter is not accepted? Yes No
 - c. Disengagement letters when a matter ends? Yes No

If any of the above are not required, why not?

25. Does the Applicant refer matters outside its expertise to other law firms? Yes No
 If "Yes",
- a. Is this referral in writing? Yes No
 - b. Does the Applicant accept referral fees or enter into fee-splitting arrangement with other firms? Yes No
 - c. Is this disclosed to the client? Yes No

26. Has the Applicant filed any suits for fees against clients or former clients of the firm in the last twenty-four (24) months? Yes No
 If "Yes",
- a. How many?
- b. Does the Applicant:
- I. Require a minimum amount due before suit is filed? Yes No
 - II. Wait until the statute of limitations for malpractice has run? Yes No
 - III. Have the file reviewed by a disinterested party for potential malpractice claims before the suit is filed? Yes No
- c. Has the Applicant implemented any new policies or procedures to avoid the need for future suits for fees? Yes No
 If "Yes", please provide full details.

27. How many suits for fees does the Applicant estimate filing in the next twelve (12) months?

Docket and Calendar Systems

28. What case management and docket control software is used by the Applicant?
29. Is this system centralized and maintained by a central docket clerk or facility? Yes No
30. Does this system automatically track statutes of limitations in the applicable jurisdiction(s)? Yes No
31. Is the data updated at least daily and backed up or stored off-site? Yes No

Training and Supervision

32. Within the last twenty-four (24) months, has the Applicant known or had reason to suspect that any lawyer(s) were impaired? For the purposes of this question, impaired should include any medical, mental or substance abuse problem interfering with the individual's ability to practice law. Yes No
 If "Yes", please describe the circumstances, including the measures taken by the Applicant to review and supervise the lawyers' work.

33. Does the Applicant require a routine review of every associates work? Yes No
34. Does the Applicant require at least an annual review of all partners' work? Yes No
35. Does the Applicant have any policies regarding advertising and use of the firm name? Yes No
36. a. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No
- b. Do you independently verify written, electronic or telephonic instructions to transfer, pay or deliver funds or data with call backs to senior management at previously known or designated phone number? Yes No

Outside Interests

37. Has the Applicant or any of the Applicant's lawyers:
- a. Served in a position of director, officer, or partner of any client business or organization? Yes No
 - b. Held an equity or debt interest in any business or organization that is also a client of the Applicant's firm? Yes No
 - c. Served as an employee of any present or former client? Yes No
- If "Yes" to any part of the above questions, complete an Outside Interests Supplement.
38. Are Applicant firm members allowed to enter into business ventures with clients? Yes No
- If "Yes", are conflict waivers obtained? Yes No

CYBER AND NETWORK SECURITY

39. a. Do you buy a separate stand-alone cyber insurance policy? Yes No
- b. If "Yes", what carrier?
- c. If "Yes", what limit and deductible?
40. How many records do you store?
- | | |
|-----|--|
| PII | <input style="width: 85%;" type="text"/> |
| PHI | <input style="width: 85%;" type="text"/> |
41. a. Do you distribute corporate security policies and make sure all employees receive them? Yes No
- b. Do you train employees and re-train employees in key areas such as:
- Acceptable use of computer systems and emails? Yes No
 - Secure password policies? Yes No
42. Do you perform frequent backups and have a re-image process in place and do you test your system re-imaging and back-up process to make sure it works properly? Yes No
43. Do you have and use the following technological defenses:
- a. Encryption for all records and confidential data? Yes No
 - b. Firewalls? Yes No
 - c. Anti-virus? Yes No
 - d. Intrusion detection? Yes No
 - e. Data loss prevention? Yes No

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

44. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? Yes No

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 44 IS EXCLUDED FROM THE PROPOSED INSURANCE.

45. Has the firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five (5) years? Yes No

46. After inquiry, 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 being made against them or any other basis to reasonably anticipate a claim being made against them? Yes No

If "Yes", have you reported same to your current insurer? Yes No

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 46 IS EXCLUDED FROM THE PROPOSED INSURANCE.

47. Has any member of the firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "Yes", how many?

48. In the last five (5) years have you or anyone in your firm received any complaints concerning products or services provided by you or anyone else on your behalf? Yes No

If "Yes", how many?

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