

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE (Claims Made and Reported Policy)

Administered by Alta Pro Insurance Services 14141 Farmington Rd., Livonia, MI 48154 Phone: (866)532-2582 Fax: (734)786-0067 Email: Apps@altaproinsurance.com

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Full Na Applica	ame of ant Firm:			Contact:					
Address 1:									
Addres	ss 2:	City:		State:	Zip Code:				
County	<i>r</i> :	Phone	:	l	Fax:				
E-mail: Date Firm Established:									
No. La	wyers in Firm: No.	Support Staff:							
Do you have other office locations?					ide a list showing	g each location at each location			
1.	Requested Effective Date:								
2.	a. Current Limits:	b. Limits desired this year:							
	c. Current Deductible: d. Deductibles desired this year:								
	e. Optional coverages you are requ	esting:							
	First Dollar Defense: Agg	gregate Deductible:		Claim Expense Ou	tside Limits: [
	f. Retroactive Date Requested:								
3.	a. Is the firm currently insured for	professional liability?] Yes 🔲 No						
	Please provide a copy of your cu	rrent policy declaratio	ns including	retroactive date a	s evidence of cu	irrent coverage.			
	b. Does your current policy have a	any type of endorsemen	ts that exclude	or modify coverage	ge? ☐ Yes ☐] No			
	If yes, please provide a copy of e	ach such endorsemer	nt.						
4.	List the names of all predecessor fi majority successor to the pre			ly those firms willities.	here the applic	cant is a			
	Name of Predecessor Firm		Date Es	tablished	Number of L	awyers			
5.	a. In the last 12 months, how many	attorneys have left you	r firm?	b. Join	ed the firm?				
	c. How many attorneys does the fire	m plan to add during the	e next 12 mon	ths?					
	d. In the last 12 months, how many	non lawyer employees	have left your	firm?					
7 .	Has any professional liability insura declined or cancelled, refused to be If yes, please provide a detailed Please identify your legal profession	e renewed or accepted on arrative in the space	only on specia provided on	l terms? page 2 or on firm		Yes 🗌 No			
	Company	Policy Period	<u> </u>	Deductible	Premium	# of Attorneys			
	Does any client or group of related					☐ Yes ☐No			
	If yes, please list all clients and the Does your firm use any attorneys n					☐ Yes ☐No			
	If yes, list all such lawyers in the spa	ace provided below an	d describe th						
10.	a) Does your firm share cases with other attorneys or law firms?								

	b) Does your firm share letterhead with other attorneys or law firms?	☐ Yes ☐ No			
	c) Does your firm refer clients to other firms and retain a fee?	☐ Yes ☐ No			
	If "yes", please attach a list all such lawyers or firms, percentage of your practice, and a description of the cases.				
	Please provide proof of insurance for all such lawyers.				
11.	In the last five years, has any lawyer listed on the application been an officer, director, shareholder,	☐ Yes ☐ No			
	member, employee, or exercised fiduciary control over an entity other than the applicant firm? If yes, a complete Outside Interest Supplement must be provided.				
12.	Is any lawyer listed on the application an employee of an entity other than the applicant firm? If yes, please explain in the space provided below or on firm letterhead.	☐ Yes ☐ No			
13.	Has any member of the firm provided legal services involving publicly traded securities or securities	☐ Yes ☐ No			
	that are not exempt from registration?				
4.4	If yes, please explain in the space provided below or on firm letterhead.				
14.	Has any member of the firm been involved in class action or mass tort litigation?	☐ Yes ☐ No			
15.	If yes, please explain in the space provided below or on firm letterhead. Does any member of the firm provide services to, or sit on the board of directors of,	☐ Yes ☐ No			
13.	a financial institution?	☐ res ☐ No			
	If yes, a complete Financial Institution Supplement must be provided.				
16.	Is any firm member aware of any incident, facts, circumstances, acts or omissions that could	☐ Yes ☐ No			
	result in a professional liability claim against the firm or predecessor firm or against any				
	current or former firm member while affiliated with the firm or predecessor firm?				
	If yes, a complete Claim Supplement form must be provided for each incident.				
17.	Has any member of the firm been the subject of any reprimand or disciplinary action or	☐ Yes ☐ No			
	refused admission to the bar or any bar association, court or administrative agency?				
40	If yes, explain in detail in the space provided below.				
18.	a. In the last 10 years, has any professional liability claim been made or suit brought against	☐ Yes ☐ No			
	the firm or predecessor firm or any member of the firm or predecessor firm? If yes, how many claims:				
	b. Has any member of the firm ever had a claim?	☐ Yes ☐ No			
	If yes, a complete Claim Supplement form must be provided for each claim or suit within the past 10 year				
	, , , , , , , , , , , , , , , , , , ,	-			
	SPACE PROVIDED FOR ADDITIONAL INFORMATION				

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ADD 2 AOP'S FROM ATTY PRO APP TO PRACTICE PROFILE BELOW - IN ALPHA ORDER

19.	Complete the following table based upon either your gross revenue or billable hours for each category. The total must equal 100%						
	This Practice Profile is based on gross revenue or billable hours.						
	PRACTICE PROFILE						
	Area of Practice	Percentage	Area of Practice	Percentage			
	Admiralty (AM)	Plaintiff %:	Health Care (HC)	Plaintiff %:			
		Defense %:	_	Defense %:			
	Antiture (AT)	Other %:	(Incurrence Defence (ID)	Other %:			
	Antitrust (AT)	Plaintiff %: Defense %:	Insurance Defense (ID)	Coverage%: Defense %:			
		Other %:	-	Other %:			
	Appellate (AP)	Plaintiff %:	Intellectual Property * (IP)	Patent %:			
	Appellate (AF)	Defense %:	intellectual Property (IF)	Trademark %:			
		Other %:	\dashv	Litigation%:			
	Arbitration, Mediation (ADR)	%:	Labor & Employment (LE)	Management %:			
	Bankruptcy * (BC)	Debtor%:		Union/Labor%:			
		Trustee%:		Other %:			
	Business Formation &	Form/Alt %:	Municipal Law (ML)	Defense %:			
	Alteration, Merger/Acquisition *	Merge/Ac%:		Financial Advice:			
	(CF)	Other %:	7	Other %:			
	Business Transactions -	Public Corp %:	Natural Resources, Oil & Gas (NR)	Plaintiff %:			
	Corporate & Commercial * (CF)	Private %:		Defense %:			
		Other %:		Other %:			
	Civil Rights/Discrimination (CR)	Plaintiff %:	Personal Injury Legal Malpractice*	Plaintiff %:			
		Defense %:	(PI)	Defense %:			
		Other %:		Other %:			
	Collections * (CB)	Creditor %:	Personal Injury Medical	Plaintiff %:			
	(01)	Debtor %:	Malpractice* (PI)	Defense %:			
	Commercial Litigation (GL)	Plaintiff %:	Dave and Injury Mana Tart	Other %:			
		Defense %: Other %:	Personal Injury Mass Tort, Class Action * (PI)	Plaintiff %: Defense %:			
	Construction Law (CL)	Plaintiff %:	Class Action * (PI)	Other %:			
	Construction Law (CL)	Defense%:	Personal Injury Products Liability*	Plaintiff %:			
		Transaction %:	(PI)	Defense %:			
	Criminal Defense (CD)	%:	-\(\cdot \cdot \cd	Other %:			
	Employee Benefits (EB)	%:	Personal Injury * (PI)	Plaintiff%:			
	Entertainment/Agency/	Management %:	1 ordenar mjary (r r)	Defense %:			
	/Sports Agency *(EN)	Other %:	7	Other %:			
	Environmental * (ER)	Plaintiff %:	Real Estate * (RE)	Commercial %:			
		Defense %:		Residential%:			
		Other %:	Securities * (SE)	Public Offering%:			
	Estate, Probate, Trust * (ES) (1)	Est. Planning %:		Corp. Bonds %:			
		Trust Admin. %:		Private Placemt:			
		Other %:		Other %:			
	Family Law (FL) (2)	Adoption %:	Tax, Tax Opinions (TX)	Personal %:			
		Divorce %:	」	Corporate %:			
		Other %:		Other %:			
	Financial Institutions * (FI)	%:	Workers Compensation/Social	Plaintiff %:			
	General Civil Litigation (GL)	Plaintiff %:	Security (WC)	Defense %:			
		Defense %:	(OT) (D	Other %:			
	Immigration (IM)	Other %:	Other (OT) (Describe):	%: %:			
* Ind	Immigration (IM)	%:	is required	/0.			

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:						
Average asset value of estates handled: Highest asset value of estates handled:						
Is any firm member a trustee of any client estate? Yes No If yes, please complete an Outside Interest Supplement						
(2) Family Law. In the last 24 months, please indicate the follows:	owing:					
Average value of property settlement handled: Highest value of property settlement handled:						
Does any firm member provide any of the following services?						
☐ Surrogacy contracts ☐ Ovum or sperm donation contracts ☐ Embryo donation agreements						

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20.	20. a. Please complete the Firm Profile below for each attorney associated with your firm.								
	Please attach an additional sheet if more space is needed.								
FIRM PROFILE									
Cover for									
									work prior
		Position				Ave.	Primary - P		to date of
		Р, А,	Hire	Date First	States	Hours/	Secondary - S		hire by
							firm? Y/N		
	P = Partner/Ov	vner/Membe	r A = Ass	sociate/Empl	oyee OC =	Of Couns	el I = Independ	lent Contracto	r
21.	If you are a sole pra	ctitioner, wl	ho handles	your cases	in the event of	of your in	capacitation or v	racation? (Plea	ase
	Note: If a policy is is		ance upon	this applicat	ion, it shall no	t apply to	the attorney no	ted below):	
22.	Name of backup attor		<u> </u>	Curr	ent fiscal year	revenues:			
23.	Does your firm accept							☐ Yes ☐ N	No
	If yes, please provide	-	-		_	or on firm	n letterhead		10
24.	Does your firm have a						- I iottorriouu.	Yes	□ No
24.	If yes, check all that	-	detecting an	d avoiding co	illiota di littere.	51:		□ 163	
			Conflict (Committee	☐ Oral/Mer	norv \square	Other: Describ	no:	
25.	a. Does or has any m	mputer _						e: ☐ Yes	□ No
25.									
	b. Does or has any fin					•	irposes?	Yes	□ No
	c. Does the firm ever							Yes	☐ No
	If yes to 25. a, b, or o							letterhead.	
26.	Please indicate which		-				_		
	☐ Computer ☐ □	ocket Clerk/	Administrato	or 🗌 Indiv	idual Diaries	☐ Daily of	or Weekly fi	rm-wide circula	tion of
	master calendar	Other: De	scribe:						
27.	If the firm uses a com	puterized sys	tem to man	age its docke	t and schedulir	ng demand	ds, please indicate	below which o	f the
	following describes that	at system:		١	Name of softwa	re:			
	☐ Updated daily ☐	☐ Centralize	ed/Firm-wide	e 🗌 All bra	anch offices inte	egrated	☐ Monitored by	multiple individ	uals
	☐ Tracks statutes of limitations ☐ Data backed up/stored offsite ☐ Other: Describe:								

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28.	Does the firm routinely use:					
	Engagement letters/Fee Agreements:	etters: Yes No				
	Termination of Services Letters:	☐ Yes ☐ No				
29.	Have any suits for fees been filed against clients in the last five years?	☐ Yes ☐ No				
	If yes, please complete the Fee Suits Supplement.					
30.	Describe the firm's risk management activities:					
	a. Does the firm have a formal procedures manual?	☐ Yes ☐ No				
	b. Are all employees trained regarding firm policies and procedures?	☐ Yes ☐ No				
	c. Are new attorneys supervised by a more senior attorney?	☐ Yes ☐ No				
	d. Are all cases brought in by new attorneys from prior firms reviewed by at least one senior					
	partner or officer of the firm for potential conflicts of interest?	☐ Yes ☐ No				
	d. Is support personnel work reviewed by an attorney prior to release to the client?	☐ Yes ☐ No				
	Are all now matters reviewed prior to acceptance by firm management?	☐ Yes ☐ No				
	e. Are all new matters reviewed prior to acceptance by firm management?	☐ res ☐ No				
	f. Does firm management regularly review all ongoing matters?	Yes No				
		☐ Yes ☐ No an application for eleading, information				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files insurance or statement of claim containing any false information or conceals for the purpose of mislimum.	□ Yes □ No an application for eleading, information				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files insurance or statement of claim containing any false information or conceals for the purpose of mist concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain	☐ Yes ☐ No an application for eleading, information in jurisdictions.				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files insurance or statement of claim containing any false information or conceals for the purpose of misl concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain NOTICE TO INDIANA APPLICANTS	☐ Yes ☐ No an application for eleading, information in jurisdictions.				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files insurance or statement of claim containing any false information or conceals for the purpose of mist concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain NOTICE TO INDIANA APPLICANTS A person who knowingly and with intent to defraud an insurer files a statement of claim containing and the state	☐ Yes ☐ No an application for eleading, information in jurisdictions.				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files insurance or statement of claim containing any false information or conceals for the purpose of mist concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain NOTICE TO INDIANA APPLICANTS A person who knowingly and with intent to defraud an insurer files a statement of claim concerning information commits a felony.	□ Yes □ No an application for eleading, information in jurisdictions.				
	f. Does firm management regularly review all ongoing matters? GENERAL FRAUD NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files a insurance or statement of claim containing any false information or conceals for the purpose of mist concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain NOTICE TO INDIANA APPLICANTS A person who knowingly and with intent to defraud an insurer files a statement of claim contains incomplete, or misleading information commits a felony. NOTICE TO KENTUCKY APPLICANTS	an application for eleading, information in jurisdictions.				

NOTICE TO MINNESOTA AND OHIO APPLICANTS

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

NOTICE TO TENNESSEE APPLICANTS

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.

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APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

- 1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
- 2. Are true, accurate and complete; and
- 3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

The following number of Supplemental Claim forms are enclosed with this application:								
Signature of Officer or Partner of Firm		Title		Date				
		<u> </u>						
Print Na	me							
AGENCY:			PHONE:					
ADDRESS:			FAX:					

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CLAIM SUPPLEMENT

1.	Full name of Applicant Firm:						
2.	Full name(s) of firm member(s) involved in claim:						
3.	Other defendants:						
4.	Name of potential/actual claimant(s):						
5.	Check whether:						
6.	a. Date of alleged act, error, or omission:						
	b. Date reported to insurer:						
	c. Name of insurance carrier responding to this cla	aim:					
7.	Present status of claim (check one and include a	ny deductible	amount in	figures provided):			
	Closed		Open				
	Total loss paid (including deductible): \$		Claimant's	settlement demand:	\$		
	Total expense paid (including deductible): \$		Defendant'	s offer for settlement:	\$		
	Court judgment	Insurer's clai	m reserve:	\$			
	Out-of-court settlement	Expense res	erve:	\$			
	Dismissed	Expenses pa	aid to date:	\$			
	Arbitration award Currently In Suit	Incident	Report Only	(No reserve established	ed, no expenses to date)		
8.	a. Alleged act or omission upon which claim or inc	cident is based	:				
	b. Description of events leading to claim or incider	nt:					
	c. Current status:						
	d. What steps have been taken to prevent a similar	ar loss in the fu	iture?				
	e. Does this claim or incident arise from an action	to collect fees	?	s 🗌 No			
	I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.						
	Signature of Officer or Partner of Firm		-	Γitle	Date		
Print	Name of Officer or Partner						

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