



- General Star Indemnity Co.
- General Star National Insurance Co.



**LAWYERS PROFESSIONAL LIABILITY
INSURANCE APPLICATION**

EXCLUSIVELY FOR SMALL FIRM PRACTITIONERS

Administered by:
Lockton Risk Services, Inc.
1-866-871-4996

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Enclose a copy of the Applicant firm's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This Application and all supplemental forms must be signed and dated by an active owner, officer or partner of the firm. The original copy of the signed and dated Application is needed before any coverage can be bound. You may fax this and all supplemental applications to the Program Administrator at 913-652-3982, or mail it to: Lockton Risk Services, P.O. Box 410679, Kansas City, MO 64141-0679. For express deliveries: 7300 College Blvd., Suite 500, Overland Park, KS 66210. Phone: 866-871-4996

Proposed Effective Date: From _____ To _____
12:01 a.m. Standard Time at the street address of the Applicant firm

I. GENERAL INFORMATION

1. Applicant Firm:
2. Street Address: City:
- County: St: Zip:
- a. Does the Applicant firm have additional office locations? Yes No
If Yes, please provide details on a separate attachment.
- b. Does the Applicant firm share office space with another law firm, attorney or business? Yes No
If Yes, please provide details on a separate attachment.
4. Website address: 5. Date your firm was established:
6. If the Applicant is a solo practitioner, is there a back-up attorney? Yes No
If Yes, please provide your back-up attorney's name and address
7. Is each attorney applying for coverage engaged in the full time private practice of law? Yes No
8. List the states/jurisdictions in which each attorney is licensed.

II. THE APPLICANT FIRM'S PRACTICE

1. Within the last five (5) years, has the Applicant firm ever had more than two attorneys? Yes No
If Yes, please provide details on a separate attachment.
2. In the last five (5) years has any attorney in the Applicant firm had more than \$300K in total gross annual billings? Yes No

3. Provide total gross revenues anticipated for the Applicant firm for the current 12 months. If newly formed, please provide an estimate. \$

4. Staff:	Number Currently Employed	Number Who Left Applicant Firm in Past Year
Attorneys		
Independent Contractors		
Non-Lawyer Employees/Support		

5. During the <u>past 5 (five) years</u> , has any member of the Applicant firm provided legal services in any of the transactional areas below:	
a. Securities equity (either registered or exempt) or debenture transactions:	a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Entertainment:	b. <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Commercial Real Estate Syndication or Development:	c. <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Copyright/Patent or Trademark:	d. <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Class Action litigation:	e. <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Plaintiff litigation - Medical Malpractice or wrongful death:	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
g. Tax Opinions/Tax Shelters	g. <input type="checkbox"/> Yes <input type="checkbox"/> No
h. Limited Partnerships	h. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. With respect to the Applicant firm's litigation practice (if applicable) what is the average caseload per attorney (annually)?	

III. BUSINESS RELATED ACTIVITIES

1. Indicate if any past or present Applicant firm lawyer has had any involvement in any of the following within the past 5 (five) years:	
i. Discretionary investment authority over client funds, except for wills and trusts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Provided legal services to clients relative to the purchase of any business, corporate stock or assets, or any commercial property or real estate, where the values involved were \$3,000,000 or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. For professional services, accept compensation on a commission basis, receipt of stock, partial ownership or investment in a client of your firm or client owned entity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Acted as either In-House General Counsel or as Outside General Counsel for any Publicly Owned Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Served as a director, officer, or employee, or had any kind or amount of equity or ownership interest, or engaged in any kind of business venture in a the client of the firm.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. CLIENT RELATIONS

1. Major Client - Did any one client (including affiliated or related clients) account for forty percent (40%) or more of the Applicant firm's gross revenues during the past three (3) years? If Yes, please provide complete details on a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have suits for collection of fees been filed by the Applicant firm or any of its lawyers against a client in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. FIRM MANAGEMENT AND ADMINISTRATION

1. In the Applicant firm, are the following items present and actively used:		
a. Engagement letters on new clients and new matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Disengagement or non-engagement letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have steps been implemented to ensure the security of the Applicant firm's website and/or related electronic communications?		
If Yes, briefly describe (e.g. installed firewall, virus protection, back-up and recovery system)		
Check Here <input type="checkbox"/> if NO internet capability.		
3. Does the Applicant firm's Calendaring or Docket Control system have at least two independent controls?		
a. Please provide the name of the other Calendaring or Docket control person		
b. Is the Applicant firm's Calendaring or Docket Control system computerized?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Conflict of Interest System/Conflict Avoidance - Check each of the following methods used by the Applicant firm to assure conflict avoidance:		
<input type="checkbox"/> Computer	<input type="checkbox"/> Oral/Memory	<input type="checkbox"/> No Formal System
<input type="checkbox"/> Single Index Files	<input type="checkbox"/> Multiple Index Files	

5. Does the above system retain and check client name, client's principals and subsidiaries, opposing party and opposing counsel? Yes No

VI. PRIOR INSURANCE INFORMATION (Check here if None)

1. List the Lawyers Professional Liability insurance carried for each of the past three (3) years, including periods of no coverage:

POLICY PERIOD		INSURANCE COMPANY	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE (IF ANY)	NO. OF LAWYERS COVERED	PREMIUM
FROM: MM/DD/YY	TO: MM/DD/YY					
/ /	/ /					
/ /	/ /					
/ /	/ /					

2. Enclose a copy of the Applicant firm's current policy's Declarations Page and include any applicable prior acts endorsement.

3. Has the Applicant firm or any predecessor firm ever had any Insurer decline, cancel, refuse to renew, or accept only on restricted terms any Professional Liability Insurance? Yes No
NOTICE TO MISSOURI RESIDENTS: This question does not apply.

4. Has the Applicant firm or any lawyer ever purchased an extended reporting period endorsement? Yes No
If Yes, please attach complete details on a separate sheet.

VII. COVERAGE REQUESTED

Limits of Liability: Please indicate the limit of liability desired:

Annual Aggregate Deductible (This is the total of our contribution for all reported claims in any policy year): Please indicate the deductible desired:

PER CLAIM/ANNUAL AGGREGATE	ANNUAL AGGREGATE DEDUCTIBLE
<input type="checkbox"/> \$ 250,000 / \$ 250,000	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$ 250,000 / \$ 500,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$ 500,000 / \$ 500,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$ 500,000 / \$1,000,000	<input type="checkbox"/> \$7,500
<input type="checkbox"/> \$ 1,000,000 / \$1,000,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> Other (Limits): /	<input type="checkbox"/> Other (Deductible):

Prior Acts Date Desired:

VIII. DISCIPLINARY PROCEEDINGS AND CLAIM ACTIVITY

IMPORTANT NOTICE: Report all known claims and/or circumstances to the Applicant firm's current insurer. If any lawyer proposed for insurance has knowledge of an act, error, omission or Personal Injury that might reasonably be expected to result in a claim, then such claim is excluded from any coverage that may be provided by the Company. Further, failure to disclose such claim, or such act, error, omission or Personal Injury may result in any insurance being void and/or subject to rescission.

1. Has any Applicant firm lawyer ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? Yes No
If Yes, please provide complete details on a separate sheet, including a copy of the court's final opinion.

2. Has any Applicant firm lawyer had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action? Yes No
If Yes, please provide complete details on a separate sheet.

3. a. Has any professional liability claim or suit been made in the past five (5) years against the Applicant firm or its predecessor firm(s) or any current or former lawyer of the firm or its predecessor firm(s)? Yes No
If Yes, indicate total number of claims

b. After inquiry, does any Applicant firm lawyer know of any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm or its predecessor firm(s) or any of the current or former lawyers of the Applicant firm or its predecessor firm(s)?

Yes No

If Yes, indicate total number of such incidents

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

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

By signing this Application, the undersigned, on behalf of the Applicant firm and all lawyers proposed for coverage, represents and agrees to each of the following four (4) items:

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm lawyer is aware of any actual or alleged act, error, omission or Personal Injury that might reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VIII. of this Application; and
2. Each of the statements and answers given in this Application, and in each of the Supplemental Applications are:
 - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the Company to provide insurance, and any policy issued by the Company is issued in specific reliance upon these representations.
3. This Application and any Supplemental Applications are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
4. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants:

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.

Notice to New York Applicants:

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events that might reasonably be expected to result in a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please also see **IMPORTANT NOTICE** in Section VIII.

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

NOTICE:

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

Submitting this form and/or tendering premium does not bind the Applicant or the Company to complete the insurance.

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

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title