

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

S&H Underwriters, Inc.

Send To:
FAX 802-229-5669
Quotes@sh-underwriters.com

Lawyers' Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm _____

Address _____

City _____

County _____

State _____

Zip Code _____

Phone: _____

Fax: _____

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name _____

Title _____

E-mail Address _____

General Information

1. Check the box that describes the above Applicant Firm.
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Sole Proprietor | |

If you are a sole proprietor, provide the name of the lawyer(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc).

Name: _____

Address (City, State, Zip): _____

Telephone Number: _____

2. Date Commenced Business: _____
3. List the names of all **Predecessor Firms** to whose assets and liabilities the Applicant Firm is the majority successor in interest. Include the date the **Predecessor Firms** were established and the dates of merger.

| Name of Predecessor Firm | Date Established | Date of Merger |
|--------------------------|------------------|----------------|
| | | |
| | | |
| | | |

4. Indicate the total number of personnel by location.

| | Principal Office | Branch Office (a) | Branch Office (b) | Branch Office (c) |
|------------------------------|------------------|-------------------|-------------------|-------------------|
| Total number of lawyers | | | | |
| Paralegals or law clerks | | | | |
| Other clerical/support staff | | | | |

Complete the Individual Insured Supplemental Form (LPL 29600).

5. Does any lawyer in the Applicant Firm serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm? Yes No

If "Yes", complete the following.

| Name of Lawyer | Name of Organization | Is Organization For Profit or Non—Profit? | Is the Organization a Firm Client? | Position Held by Lawyer | Percentage of Equity Held | Percentage of Total Firm Billings |
|----------------|----------------------|---|--|-------------------------|---------------------------|-----------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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Nature of Practice

6. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):

Actual for immediate past fiscal year: _____ \$ _____

7. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

| <u>Area of Practice</u> | <u>%</u> | <u>Area of Practice</u> | <u>%</u> |
|---|----------|---|-------------|
| Administrative Law - General | _____ % | Insurance Coverage | _____ % |
| Admiralty/Maritime | _____ % | Insurance Defense Litigation | _____ % |
| Antitrust/Trade Regulation | _____ % | International Law | _____ % |
| Arbitration/Mediation | _____ % | Labor Relations - Labor | _____ % |
| Bankruptcy | _____ % | Labor Relations - Management | _____ % |
| Banks/Savings and Loans | _____ % | Litigation (Civil) | _____ % |
| Civil Rights and Discrimination | _____ % | Local Government Law – without bonds | _____ % |
| Collection/Repossession | _____ % | Mergers and Acquisitions | _____ % |
| Commercial Law | _____ % | Oil and Gas | _____ % |
| Commercial Litigation – Defense | _____ % | Pension and Employee Benefits | _____ % |
| Commercial Litigation - Plaintiff | _____ % | Personal Injury and Negligence Litigation - Defense | _____ % |
| Communications (FCC) | _____ % | Personal Injury and Negligence Litigation - Plaintiff | _____ % |
| Construction Law | _____ % | Public Contract Law | _____ % |
| Copyright/Patent/Trademark | _____ % | Public Utilities | _____ % |
| Corporate Organization/Formation | _____ % | Real Property - Conveyance | _____ % |
| Criminal Law | _____ % | Real Property - Development | _____ % |
| Entertainment/Sports – with Money Management | _____ % | Real Property - Title Examination | _____ % |
| Entertainment/Sports – without Money Management | _____ % | Securities Law – including municipal bonds | _____ % |
| Environmental Law | _____ % | Taxation - Opinions | _____ % |
| Estate, Trust and Probate | _____ % | Taxation - Preparation | _____ % |
| Family Law | _____ % | Workers' Compensation Litigation - Plaintiff | _____ % |
| General Corporate/Business | _____ % | Workers' Compensation Litigation - Defense | _____ % |
| Healthcare | _____ % | Other (list): | _____ % |
| Immigration and Naturalization | _____ % | | _____ % |
| | | TOTAL | 100% |

8. Indicate the percentage of the Applicant Firm's plaintiff cases that are class actions suits. _____ %

General Policy and Procedures

9. Docket and Calendar Procedures:

- (a) Does the Applicant Firm maintain a planned docket control system and procedure with at least 2 independent date controls? Yes No
- (b) Are the docket control system(s) and the procedure computerized? Yes No

10. Business Procedures:

- (a) Does the Applicant Firm use engagement/disengagement/non-engagement letters? Yes No
- (b) Does the Applicant Firm maintain a system to avoid conflicts of interest? Yes No
- (c) Is the conflicts system computerized? Yes No
- (d) How many suits for collection of fees have been filed by the Applicant Firm during the past 2 years? _____
- (e) How many lawyers of the Applicant Firm have participated in formal continuing legal education programs, of at least 7 hours, during the last year? _____
- (f) Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm, or organization? If "Yes", provide, on separate attachment, the name of the entity(ies). Yes No

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Prior Insurance Information

11. Has the Applicant Firm or any predecessor in business ever had an insurer decline, cancel, refuse to renew, rescind, or accept only on special terms, any professional liability insurance? (Not applicable in Missouri) Yes No
 If "Yes", provide full details. _____

12. Has the Applicant Firm or any predecessor in business ever purchased an "Extended Reporting Period" or "Discovery Period" under a prior policy which extended the claims reporting period of the policy following cancellation or non-renewal? Yes No
 If "Yes", provide full details. _____

13. List the professional liability insurance purchased by the Applicant Firm for each of the past 5 years.

| Insurer | Limit of Liability | Deductible | Premium | From Mo/Day/Yr | To Mo/Day/Yr |
|---------|--------------------|------------|---------|----------------|--------------|
| | | | | | |
| | | | | | |
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14. Does the Applicant Firm's current or most recently expired policy contain a retroactive date? Yes No
 If "Yes", indicate the date: _____ (Mo/Day/Yr)

Litigation and Claim Information

15. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency? Yes No
 If "Yes", provide full details. _____

16. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No
 If "Yes", provide full details on the Claim / Incident Supplemental Form (LPL 29610).

17. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? Yes No
 If "Yes", provide full details on the Claim / Incident Supplemental Form (LPL 29610).

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN RESPONSE TO QUESTIONS 16. OR 17.

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Please Read Carefully

The undersigned acting on behalf of the Applicant Firm and all persons proposed for this insurance declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

| | |
|--|--------|
| | Title: |
|--|--------|

Partner, Owner, Officer or Principal

| | |
|--|--------|
| | Dated: |
|--|--------|

Print Name

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

| | |
|--|--------|
| | Dated: |
|--|--------|

Submitted by (PRODUCER)

| | |
|--|--|
| | |
|--|--|

AGENT'S NAME (Please Print Name Here)

AGENT'S LICENSE NUMBER

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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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 ALSO 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 NEW MEXICO, PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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.

NOTICE TO APPLICANTS OF 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.