



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Important Note: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

New York Defense Expenses Notice: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

APPLICANT INFORMATION

1. Your full legal name _____

2. Your "trade name" or "doing business as" name _____

Complete questions 3-8 only if information has changed since the completion of last year's application.

3. Your address

a. Street _____

City _____ State _____ Zip Code _____ County _____

b. Mailing (if different) _____

City _____ State _____ Zip Code _____ County _____

4. Your primary contact

Name _____ Title _____

Phone _____ Fax _____ Email _____

5. Your website address _____

6. Your legal status:

- Individual General Partnership Professional Corporation or Association
- Limited Liability Partnership (LLP) Limited Liability Company (LLC) Other (please describe)

7. Present Policy number: _____ 8. Expiration Date: _____

LIMITS AND DEDUCTIBLES

9. Limit requested: No change Other (please specify): _____

10. Deductible requested: No change Other (please specify): _____

11. Annual aggregate deductible:

Currently have Interested in quotation

12. Deductible applies to damages only:

Currently have Interested in quotation

GENERAL INFORMATION

If your letterhead has changed within the past year, please attach a sample copy. If you have opened or closed an office within the past year or moved, please provide details (including an Additional Location(s) Supplement, if applicable).

13. Please provide an attorney roster showing names of all currently employed attorneys, and also complete a New Attorney Supplement for each attorney who has joined your firm in the past 12 months.

14. Since the completion of your last application, have any of your attorneys left that have not been previously reported to us?..... Yes No
 If yes, please provide name and date of departure: _____

15. Please indicate the number of non-attorney staff you currently employ in each of the following areas:

Law Clerks	Paralegals	Investigators	Patent Agents	Title Agents*	Abstracters	Other Clerical	Total Non-Attorney Staff

*Complete the Title Agency Supplement

16. Please complete the following chart for the applicable fiscal year:

	Gross Income	Net Income (before payment of bonuses, salaries, and other remuneration)
Estimate for Current Fiscal Year	\$	\$
Actual for Immediate Past Fiscal Year	\$	\$

17. Please complete the following chart based upon either your gross revenue or billable hours (check one). The total must equal 100%.

Area of Practice	Percentage of Practice	Area of Practice	Percentage of Practice
Administrative	%	Foreign	%
Admiralty-Defense	%	Health Care	%
Admiralty-Plaintiff	%	Immigration/Naturalization	%
Anti-trust/Trade Regulation	%	Insurance Coverage	%
Appellate	%	Investment Counseling/Money Management	%
Arbitration/Mediation	%	Labor Law-Management	%
Aviation	%	Labor Law-Union	%
Banking/Financial Institutions* (F.I. Practice Supplement)	%	Labor Litigation-Defense	%
Bankruptcy* (Bankruptcy & Collections Supplement)	%	Labor Litigation-Plaintiff	%
BI/PI Defendant General Liability	%	Litigation-General-Defense	%
BI/PI Defendant Medical Malpractice	%	Litigation-General-Plaintiff* (Plaintiff Practice Supplement)	%
BI/PI Defendant Other	%	Mergers & Acquisitions	%
BI/PI Defendant Products Liability	%	Municipal/Governmental-Other	%
BI/PI Plaintiffs General Liability* (Plaintiff Practice Supplement)	%	Municipal/Governmental-Zoning	%
BI/PI Plaintiffs Medical Malpractice* (Plaintiff Practice Supplement)	%	Oil/Gas/Minerals* (Oil/Gas/Minerals Supplement)	%

BI/PI Plaintiffs Other* (Plaintiff Practice Supplement)	%	Patent* (Intellectual Property Supplement)	%
BI/PI Plaintiff Product Liability* (Plaintiff Practice Supplement)	%	Probate/Wills/Estates* (Estates and Trusts Supplement)	%
Civil Rights/Discrimination	%	Public Utilities	%
Collection/Repossession* (Bankruptcy & Collections Supplement)	%	Real Estate-Commercial* (Real Estate Practice Supplement)	%
Commercial Law	%	Real Estate-Escrow Agent* (Real Estate Practice Supplement)	%
Communication/FCC	%	Real Estate-Residential* (Real Estate Practice Supplement)	%
Construction/Building Contracts	%	Real Estate-Syndication/Development* (Real Estate Practice Supplement)	%
Consumer Claims	%	Real Estate-Title Work* (Title Agency Supplement)	%
Copyright/Trademark* (IP Supplement)	%	School Law	%
Corporate-General	%	Securities/Bonds/Secured Transactions/Loans* (SEC Supplement)	%
Corporate Formation	%	Social Security Law	%
Criminal	%	Taxation Corporate-Opinions* (Tax Supplement)	%
Domestic Relations	%	Taxation Corporate-Prep* (Tax Supplement)	%
Eminent Domain	%	Taxation-Individual* (Tax Supplement)	%
Employee Benefits/ERISA	%	Water Rights Law	%
Entertainment/Sports* (Entertainment Supplement)	%	Workers Compensation-Defense	%
Environmental* (Environmental Supplement)	%	Workers Compensation-Plaintiff	%
Environmental Litigation* (Environmental Supplement)	%	Other (Please describe below or on a separate sheet):	%

If gross revenue or billable hours are shown for any area of practice indicated by*, please complete the appropriate underwriting supplement. **NOTE:** If your firm has 10 or fewer attorneys, you do not need to fill out a supplement unless the area of practice is new this year, or if the area of practice has changed by more than 15% since last year.

18. Please complete the following chart based upon either your gross revenue or billable hours (check one) for each category. The 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	%	Other (please specify):	%

19. Since the date of your last application, has there been any change in your 5 largest clients?..... Yes No
If yes, please provide the name of the each client, nature of the client/industry, area(s) of practice in which the firm rendered legal services, and percent of firm revenue:

20. Please estimate the number of hours of Pro Bono legal work provided by the firm during the past 12 months.

21. Do you or any of your attorneys or non-attorneys provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law?..... Yes No
If yes, please provide details, including the member's name, type of services provided, the percentage of the individual's time spent rendering these services, name under which services are provided, a copy of the letterhead used, and the professional liability carrier and policy limit for such services:

22. Do you or your attorneys act as a public defender, prosecuting attorney, public official, or as in-house legal counsel of any corporation or governmental agency, or as an independent contractor or Of Counsel to another firm?..... Yes No
If yes, please provide details, including a copy of the letterhead used, the percentage of the individual's time spent rendering these services, if it is an elected position and the method of payment:
23. Since your last application, have you or any of your attorneys (while associated with you), provided any legal services or served as a fiduciary, committee member, director, officer, partner or employee of any financial institution that has not been disclosed on a previous application?..... Yes No
If yes, please complete the Financial Institutions Practice Supplement.
24. Has any present or past financial institution client within the past six (6) years become insolvent, merged or ceased operations in the past year?..... Yes No
25. Since your last application have you or any of your attorneys (while associated with you), provided legal services:
- a. To issuers, underwriters or affiliates, or purchasers, with respect to the issuance, offering or sale of securities?..... Yes No
 - b. In any way related to the formation, syndication, promotion or management of any limited partnerships?..... Yes No
 - c. In any plaintiff class action or mass tort case?..... Yes No
- If yes to a. or b. please complete the Securities Supplement.
If yes to c. please complete a Plaintiff Practice Supplement.*
26. Since your last application, have you or any of your attorneys:
- a. Referred any client to any business organization in which any firm member or spouse ever served as a director, officer, partner, trustee, fiduciary or owned an equity or financial interest?..... Yes No
 - b. Served as a fiduciary, director, officer, partner or trustee for any client or owned an equity or financial interest in any client that has not been disclosed on any previous application?..... Yes No
 - c. Had any changes in their equity interest position with a client?..... Yes No
- If yes to any part of this question please complete the Outside Interest and/or Estates & Trusts Supplement(s) as applicable.*
27. Have you made any changes in your advertising since your last application?..... Yes No
If yes, please indicate type of changes made and type of media involved and attach a copy of the new ad or transcript:
-
-
-

RISK MANAGEMENT

28. Have there been any changes/enhancements made in the following areas of firm management and administration since your last application?
- | | |
|---|---|
| a. Docket Control..... <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Fee Collection Practices..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Acceptance of New Clients .. <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Engagement Letters <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Conflict of Interest System ... <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Non-Engagement, Letters... .. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Client Communication <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Termination Letters <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes, please provide details:*
29. If you are a sole proprietor, has the attorney identified to handle your cases in the event of your extended absence from your practice changed since your previous application?..... Yes No
If yes, please provide the name, city, state, and telephone number: _____
30. Within the past 12 months, have you sued to collect fees or threatened to do so?..... Yes No
If yes, please indicate the number of incidents and advise what steps you are taking to prevent countersuits for malpractice: _____

31. How many attorneys have completed an ethics or loss prevention related seminar during the past 12 months? _____

PRIOR INSURANCE AND CLAIM HISTORY

32. Since the completion of your last application have you or your attorneys been made aware of a claim or circumstance that could result in a claim or has there been a change in the status of any claim reported to other insurance companies within the past five years?..... Yes No

If yes, please complete a Claim, Suit, or Incident Supplement and indicate how many are attached... _____

33. Since the completion of your last application:

a. Have you or any of your attorneys had a disciplinary complaint filed with any court, administrative agency or regulatory body or has there been a change in the status of a disciplinary complaint disclosed on a previous application?..... Yes No

b. Have you or any of your attorneys been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body?..... Yes No

If yes to any part of this question please provide details:

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder)

Date

Name (print)

Title

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting agency name: _____ Direct Sub-produced

Address (street, city, state, zip code): _____

Phone: _____ Fax: _____ Email: _____

Licensed producer name: _____ License number: _____

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this application (please reference the question number).