

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE. PLEASE READ ALL POLICY PROVISIONS.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If a question does not apply, state "N/A." If space is inadequate to answer all questions in full, please provide details on a supplemental sheet. Please also attach a copy of your firm's letterhead.

Throughout this application, the words "**you**" and "**your**" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor, or employee of the applicant. The words "**we**", "**us**", and "**our**" refer to the insurance company to which this application is made.

1. Firm Name: _____
2. Contact Name: _____
3. Contact Email: _____
4. Mailing Address: _____ County: _____
(No P.O. Boxes allowed)
5. Telephone: _____
6. Website: _____
7. Date Firm Established: _____
8. Requested Effective date: _____
9. Please list any predecessor law firms of which **you** are a majority successor in interest (50% or more of the former firm's assets and liabilities):

Name of Firm	Dates of Existence	Date of Merger	# of Lawyers Acquired

10. Do **you**
 - a. Share office space with any attorneys or firms not part of **yours**: ☐ Yes ☐ No
 - b. Share any staff with any attorneys or firms not part of **yours**: ☐ Yes ☐ No
 - c. Share any cases/clients with attorneys or firms not part of **yours**: ☐ Yes ☐ No
 - i. If yes, please provide the names of the cases and/or clients: _____
 - d. Share letterhead with any attorneys or firms not part of **yours**: ☐ Yes ☐ No
 - e. Practice in states other than the address provided in Q.4? ☐ Yes ☐ No
 - i. If yes, please provide the states and percentage of practice in each: _____
11. Are there any pending material changes to **your** firm, including but not limited to, mergers, acquisitions, restructuring, or change in attorney count by more than 30% or by more than 3 attorneys? ☐ Yes ☐ No
12. All sole practitioners must provide the name and address of their backup attorney:
 - a. Backup Attorney Name: _____
 - b. Backup Attorney Address: _____
13. Number of Support staff:
 - a. Paralegal/Law Clerk: _____
 - b. Clerical: _____
 - c. Other: _____ (please describe): _____

14. Attorney Roster (All fields are required. Attach a separate sheet if necessary):

Name of Attorney	Designation (P, A, OC, IC, PD)	Date of Hire (mm/yyyy)	States of Bar Admission	Year Admitted to the Bar	For IC, OC, PD, Part-Time, etc, Average Weekly Hours

Designations: P = Partner, A = Associate, OC = Of Counsel, IC = Independent Contractor, PD = Per Diem

15. For all IC, OC, and PD listed in the table above, do **you** require:

- a. Proof that they carry separate professional liability insurance? ☐ Yes ☐ No
- b. That all their services for **you** be performed on **your** letterhead? ☐ Yes ☐ No
- c. That **you** are exclusively responsible for billing clients? ☐ Yes ☐ No

16. Are all attorneys listed in Q.14 current in their CLE requirements (if applicable)? ☐ Yes ☐ No ☐ N/A

17. In the past ten (10) years, has any attorney listed in Q.14. been denied the ability to practice law, suspended from practice, disbarred, reprimanded, sanctioned, or held in contempt? ☐ Yes ☐ No

- a. If yes, please provide additional information on the action and resolution: _____

18. Does any attorney listed in Q.14. own, manage, or have financial control or an equity interest in, or act as a director, officer, partner, or trustee for, or exercise any managerial or fiduciary control over, any business enterprise of any client?

☐ Yes ☐ No

If yes, please complete the Outside Interest Supplemental Application.

In addition, if yes, please answer the following questions:

- a. Have **you** obtained signed conflict waivers from each such client? ☐ Yes ☐ No
- b. Do **you** have policies and procedures in place to prevent insider trading? ☐ Yes ☐ No

19. In the past five (5) years have **you** or any attorney listed in Q.14:

- a. Provided or acted as any of the following professional services: Accountant, Insurance Agent, Escrow Agent, Guardian, Title Agent, Trustee, Executor, Receiver, Investment Advisor? ☐ Yes ☐ No
- b. Provided legal services to any institutional (public or private) crypto exchanges, platforms, mining, or trading operations? ☐ Yes ☐ No
- c. Provided legal services to any high-profile or high-net worth clients? ☐ Yes ☐ No
- d. Provided legal services to any publicly traded company? ☐ Yes ☐ No

20. Are **you** seeking coverage for professional services as a Title Agent? ☐ Yes ☐ No

21. Do **you** have any clients that account for more than 50% of **your** revenue? ☐ Yes ☐ No

- a. If yes, how long has this client been a client? _____

22. Please provide **your** total gross billings for the past twenty-four (24) months:

- a. Past twelve (12) months: \$ _____
- b. Prior twelve (12) months: \$ _____

23. Do **you** maintain a central, electronic docket control/calendaring system? ☐ Yes ☐ No

24. Conflicts of Interest:

- a. Do **you** maintain a system for identifying and avoiding conflicts? ☐ Yes ☐ No
- b. How are potential/actual conflicts of interest disclosed and handled (check all that apply)?
 - i. Non-Engagement Letters ☐ Yes ☐ No
 - ii. Signed Waiver(s) from all parties ☐ Yes ☐ No
 - iii. Oral Disclosure to all parties ☐ Yes ☐ No
 - iv. Written Referral to another firm ☐ Yes ☐ No

25. Engagement Letters:

- | | | |
|--|------------------------------|-----------------------------|
| a. Do you use engagement letters for all clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do the letters include the scope of services and the fee structure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are the letters revised if the scope of representation changes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Do you use non-engagement/declination letters for all clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do you use disengagement/termination letters for all clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

26. Risk Management Questions

- | | | |
|---|------------------------------|-----------------------------|
| a. Do you employ a firm administrator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you have written risk management procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

27. Suits for Fees

- | | |
|---|---------|
| a. How many suits for fees have you initiated against clients in the past two (2) years? | _____ |
| b. What % of your fees are more than 90 days past due? | _____ % |

28. Within the past five (5) years, have **you**, **your** predecessor firm(s), or any of the attorneys listed in this application:

- | | |
|---|--|
| a. Had a professional liability claim made against them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. If yes, five years of (currently valued) Loss Runs must be provided | |
| ii. If yes, a Claim Supplement for each matter must be provided | |
| b. Been the subject of any disciplinary complaint (judicial, administrative, or regulatory) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. If yes, copies of final dispositions of all disciplinary matters must be provided | |
| c. Been made aware of any facts, circumstances, incidents, acts, errors, omissions, or personal injuries that could be the basis of a professional liability claim against you , any of your predecessor firm(s), and/or any attorney listed in this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. If yes, a Claim Supplement for each matter must be provided | |

29. List all Lawyers Professional Liability insurance carried by **you** during the past three (3) years:*

Policy Inception	Policy Expiration	Insurance Company	Policy Limits	Deductible	Annual Premium	Number of Attorneys

*Please attach a copy of your current policy's Declarations Page and all Endorsement(s)

30. Current Policy Expiration Date: _____

31. Current Policy Retroactive Date: _____

32. Inception Date of **your** first "claims made" policy continuously maintained: _____

33. Have **you** purchased an Extended Reporting Period (ERP) Endorsement from a prior insurance carrier (if "YES" please attach a copy)? ☐ Yes ☐ No

34. List the Limits of Liability and Deductible option(s) being requested:

- | | |
|----------------------------------|----------|
| a. Per Claim Limit of Liability: | \$ _____ |
| b. Aggregate Limit of Liability: | \$ _____ |
| c. Deductible: | \$ _____ |

35. Does your current policy have any endorsements or exclusions limiting coverage? ☐ Yes ☐ No
(Example: Excluded Claims, Excluded Entities)

If yes, please list them here and attach copies: _____

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

AREA OF PRACTICE SUPPLEMENT

Please indicate the percentage of **your** billable income derived from the following areas of practice (must total 100%):

Area of Practice	%	Area of Practice	%	Area of Practice	%
Arbitration/Mediation		Environmental (7)		Personal BI/PD – Plaintiff (3)	
Administrative Law		Estate/Trust/ Probate/Wills (8)		Product Liability – Defense	
Admiralty/Maritime		ERISA		Product Liability – Plaintiff (3)	
Anti-Trust/Trade Regulation		Financial Institutions (9)		Real Estate – Commercial (13)	
Appellate		Government/Municipal (not Bonds)		Real Estate – Foreclosure (13)	
Bankruptcy (1)		Immigration/ Naturalization		Real Estate – HOA/COA/POA (13)	
Collections (2)		Insurance Defense (10)		Real Estate – Land Use/Zoning (13)	
Civil Rights/ Discrimination – Defense		International Law		Real Estate – Loan Modification (13)	
Civil Rights/ Discrimination – Plaintiff (3)		IP – Copyright/ Trademark Licensing (11)		Real Estate – Residential (13)	
Civil Litigation (General) – Defense		IP – Copyright/ Trademark Registration (11)		SEC/Securities (14)	
Civil Litigation (General) – Plaintiff (3)		IP – Other (11)		Tax – Opinions (15)	
Class Action/Mass Tort – Defense		IP – Patent (11)		Tax – Preparation (Corporate) (15)	
Class Action/Mass Tort – Plaintiff (3)		Juvenile/Guardianship		Tax – Preparation (Individual) (15)	
Commercial Litigation – Defense		Labor – Labor Representation		Title Agency/ Examination (16)	
Commercial Litigation – Plaintiff (3)		Labor – Management Representation		Tribal	
Commercial Transactions		Medical Malpractice – Defense		Water Law	
Construction		Medical Malpractice – Plaintiff (3)		Workers Comp – Defense	
Corporate Formation/ Alteration (4)		Mergers & Acquisitions (4)		Workers Comp – Plaintiff (3)	
Criminal Law		Oil/Gas/Mining (12)		Other:	
Domestic Relations / Family Law (5)		Pensions/Employee Benefits		Other:	
Entertainment/ Sports/Celebrity (6)		Personal BI/PD – Defense		Other:	

(#) corresponds to questions on Page 2 of this supplement that need to be answered.

Please answer the following questions if applicable to you based on the areas of practice you notated above:

1. If **you** put more than 0% for Bankruptcy, please answer the following questions:
 - i. % Corporate Bankruptcy: _____% Average Size of Bankruptcy: \$ _____
 - ii. % Non-Corporate Bankruptcy: _____% Average Size of Bankruptcy: \$ _____
 - iii. Do **you** have procedures to certify debtor schedule accuracy/a debtor's ability to pay? ☐ Yes ☐ No
 - iv. Are **you** involved in any way in any debt purchasing or factoring? ☐ Yes ☐ No
2. If **you** put more than 0% for Collections, please answer the following questions:
 - i. % of Collections - Consumer / Individual: _____% Average Value of Debt: \$ _____
 - ii. % of Collections - Corporate / Commercial: _____% Average Value of Debt: \$ _____
 - iii. Are all collection letters reviewed by an attorney for FDCPA compliance? ☐ Yes ☐ No
 - iv. Are **you** involved in any way in any debt purchasing or factoring? ☐ Yes ☐ No
3. If **you** put more than 0% for Plaintiff, please provide the percentage (%) of **your** Plaintiff billable income that comes from the following case types:
 - i. Case values < \$100,000 _____%
 - ii. Case values \$100,000 - \$500,000 _____%
 - iii. Case values \$500,000 - \$1,000,000 _____%
 - iv. Case values \$1,000,000 - \$5,000,000 _____%
 - v. Case values > \$5,000,000 _____%
 - vi. Class Action / Mass Tort: _____%
 - vii. Please list all *certified* class actions or mass tort cases handled in the past five (5) years:

Case Type	Date Filed	Defendant(s)	# of Clients you represent	Lead, Co-, or Local Counsel	Status	Case Value/ Settlement \$

4. If **you** put more than 0% for Corporate or Mergers & Acquisitions, please answer the following questions:
 - i. Do **you** have any clients with transaction values greater than \$50MM? ☐ Yes ☐ No
 - ii. What are the average transaction values? \$ _____
 - iii. Have **you** or will **you** represent any publicly traded companies? ☐ Yes ☐ No
 - iv. In the past five years, have **you** provided legal services to two potentially adverse parties in a transaction (ex. buyer/seller, lender/borrower, franchisor/franchisee, etc.) ☐ Yes ☐ No
5. If **you** put more than 0% for Domestic Relations, please answer the following questions:
 - i. Do **you** have any case values that are greater than ten million dollars (\$10MM)? ☐ Yes ☐ No
 - ii. Do **you** work on surrogacy, embryo, ovum, or sperm donation contracts? ☐ Yes ☐ No
6. If **you** put more than 0% for Entertainment/Sports/Celebrity, please answer the following questions:
 - i. Do **you** provide services as a Talent Manger, negotiate appearances, provide investment advice, or have discretionary control over client funds? ☐ Yes ☐ No
 - ii. Please list **your** three (3) largest entertainment/sports/celebrity clients:

Client	Services Provided	Dates of Work	Revenue to Firm

7. If **you** put more than 0% for Environmental, please answer if, in the past seven (7) years, **you** have:
 - i. Performed any work involving Brownfields or Superfund Sites: ☐ Yes ☐ No
 - ii. Performed any work involving Riparian Rights: ☐ Yes ☐ No

8. If **you** put more than 0% for Estate Trust, please answer the following questions:

- i. % of client/estate values < \$5,000,000 _____%
- ii. % of client/estate values > \$20,000,000 _____%
- iii. Do **you** have any discretionary control over client funds? ☐ Yes ☐ No
- iv. Must clients approve, in writing, referrals of services to third-party professionals? ☐ Yes ☐ No
- v. Do **you** provide any of the following services: Business Formation, Real Estate Purchase / Sale, or Tax Advice: ☐ Yes ☐ No

9. If **you** put more than 0% for Financial Institutions (FI), please answer the following questions:

- i. Do **you** provide general counsel or regulatory counsel work for any FI? ☐ Yes ☐ No
- ii. Have **you** acted as a director, officer, general counsel, or board member at a FI? ☐ Yes ☐ No
- iii. Has any FI **you** have provided services to become insolvent, declared bankruptcy, or entered into a liquidation or reorganization plan (that you are aware of)? ☐ Yes ☐ No

10. If **you** put more than 0% for Insurance Defense, please answer the following questions:

- i. Does **your** Insurance Defense practice include any of the following case types: Asbestos, Class Action / Mass Tort, or Product Liability? ☐ Yes ☐ No

11. If **you** put more than 0% for Intellectual Property (IP), please answer the following questions:

- i. % of total firm practice that is IP Counseling _____%
- ii. % of total firm practice that is IP Infringement/Opinions _____%
- iii. % of total firm practice that is IP Services _____%
- iv. % of total firm practice that is Patent Licensing _____%
- v. % of total firm practice that is Patent Prosecution _____%
- vi. % of total firm practice that is Patent Searches: Domestic _____% Foreign _____%
 - 1. Do **you** use third party services for patent searches? ☐ Yes ☐ No
 - 2. Do **you** require these third parties to carry liability insurance? ☐ Yes ☐ No
 - 3. Do **your** engagement letters state the use of these third parties? ☐ Yes ☐ No
 - 4. Do **you** provide formal opinion letters for patent searches? ☐ Yes ☐ No
- vii. Does **your** engagement letter detail patent maintenance fee obligations? ☐ Yes ☐ No
- viii. Do **you** send written notice to clients regarding their maintenance fee obligation? ☐ Yes ☐ No
- ix. Do **you** employ Patent Agents not listed in Question 15.? ☐ Yes ☐ No

- 1. If yes, please list these Patent Agents below with dates of hire and FT/PT designation (attach a separate sheet if necessary):

Name of Patent Agent	Date of Hire	FT / PT

12. If **you** put more than 0% for Oil/Gas/Mining (OGM), please answer the following questions:

- i. Do **you** perform title searches for any OGM clients? ☐ Yes ☐ No
- ii. List **your** three (3) largest OGM clients in the past seven (7) years:

Client	Services Provided	Dates of Work	Revenue to Firm

13. If **you** put more than 0% for Real Estate, please answer the following questions:

- i. Does **your** Real Estate practice include any of the following types of representation: Real Estate Syndications, Real Estate Investments Trusts (REITs), formation of Limited Partnership(s), or HOA/COA/POA(s)? ☐ Yes ☐ No
- ii. What is the average value of the real estate transactions **you** handle? \$ _____
- iii. Do **you** ever represent both parties in the same real estate transaction: ☐ Yes ☐ No

14. If **you** put more than 0% for Securities, please answer the following questions:

- i. Does any of **your** securities billable income come from case work involving the SEC? ☐ Yes ☐ No
- ii. Has any party to a securities transaction **you** worked on become insolvent, declared bankruptcy, or entered into a liquidation or reorganization plan (that **you** are aware of)? ☐ Yes ☐ No
- iii. For private placements, what is the average transaction value in the past five (5) years? \$ _____

15. If **you** put more than 0% for Tax, please answer if, in the past five (5) years, **you** have been:

- i. Served with an administrative summons by the IRS? ☐ Yes ☐ No
- ii. Been involved in a tax matter with tax savings over \$1 million? ☐ Yes ☐ No
- iii. Been the subject of any government proceeding, IRS inquiry, audit, or investigation? ☐ Yes ☐ No
- iv. Provided services or tax advice in any transaction that was challenged by the IRS? ☐ Yes ☐ No

16. If **you** put more than 0% for Title Agency/Examination, please answer the following questions:

- i. Are **you** seeking coverage for work as a Title Agent? ☐ Yes ☐ No
- ii. Is more than 25% of **your** total annual billings derived from Title Agent work? ☐ Yes ☐ No
- iii. Do any of **you** have any ownership interest in a title insurance company/agency? ☐ Yes ☐ No

REPRESENTATIONS AND WARRANTIES

REPRESENTATION: **You** represent and warrant that the undersigned is authorized by and is acting on behalf of the applicant and that the information and statements contained in this application are true, complete, and accurate. **You** agree that this application and all supplements and attachments hereto shall become the basis of any coverage and a part of any policy that may be issued to **you** by **us** in reliance upon said information and statements.

NOTICE: **You** understand and agree that this application, all supplements and attachments, and all replies to **our** inquiries related to this application are made a part of and incorporated into any policy that may be issued to **you** and that any such policy will be issued in reliance upon the representation(s) contained in the foregoing. **You** further understand and agree that failure to provide true, complete, and/or accurate responses may, at **our** option, result in the voiding of any insurance issued and/or the denial of claims under any insurance issued.

NOTICE: **You** understand and accept that any policy issued by **us** will provide coverage on a **CLAIMS MADE AND REPORTED** basis. To avoid loss of coverage, it is imperative that all known claims, incidents, and/or circumstances that could give rise to a professional liability claim against **you** be reported to **your** current insurer within the time period specified in **your** current policy(ies).

NOTICE: The execution of this application does not bind **you** to purchase any coverage offered, nor does the receipt and/or review of this application bind **us** to offer any coverage or issue any policy.

NOTICE: **You** are required to provide written notice to **us** of any changes that would result in different responses on any of **your** applications that occur between the signature date below and any proposed effective date of insurance.

NOTICE: All applications and supplements must be signed by an active owner, partner, principal, officer, or member of the applicant.

FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: 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 restitution, fines, and confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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.

NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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. Automobile Insurance: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation: 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. Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA 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 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 WEST VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

You agree that signing this application will permit Amwins Program Underwriters, Inc., as managers for Attorneys' Select™, or its agents, to send emails relating to **your** coverage to the party identified in Questions 1. – 4. of this application and its designees.

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____