

LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN THIRTY (30) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

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.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

1. Name of Applicant: _____
2. Current Firemark Policy Number: _____
3. **Your total gross billings for the past twelve (12) months:** \$ _____
4. Provide a current attorney roster (if no changes from **your** last application indicate "N/A")*:
 O = Owner P = Partner A = Associate OC = Of Counsel IC = Independent Contractor

Name of Attorney	Designation (O, P, A, OC, IC)	Date of Hire (month/year)	States of Bar Admission	Year Admitted to the Bar	For IC, OC, and Part-Time, Average Weekly Hours Worked

*Complete a **New Attorney Supplement** for each new attorney

** Below, please indicate any changes since **your** last Firemark application: **

5. Has **your** physical mailing address changed? Yes ___ No ___
a. If "YES" provide **your** new address:

6. Have **you** opened any branch offices or begun sharing office space, letterhead, staff, or cases/clients, with any attorneys or firms not part of **yours**? Yes ___ No ___
a. If "YES" describe: _____
7. Have you increased the number **your** support staff or Patent Agents? Yes ___ No ___
a. If "YES" describe: _____
8. If you are a solo practitioner, has **your** backup attorney changed? Yes ___ No ___
a. If "YES" describe:

9. Have **you** changed any procedures or systems regarding Docket Control, Conflicts of Interest, Engagement Letters, or Risk Management? Yes ___ No ___
a. If "YES" describe:

10. Have **you** filed any fee suits against any clients? Yes ___ No ___
a. If "YES" describe: _____
11. Have any of **you** taken any positions outside of the applicant firm or provided any professional services other than as an attorney? Yes ___ No ___
a. If "YES" complete the **Outside Interest Supplement**
12. Have **you** performed any services in relation to any Class Action matter? Yes ___ No ___
a. If "YES" complete the **Class Action Supplement**
13. Have any of **you** been denied the ability to practice law, suspended from practice, disbarred, reprimanded, sanctioned, held in contempt, or had any disciplinary action taken against **you** (if "YES" complete a **Claim Supplement** and provide loss runs for each matter)? Yes ___ No ___
14. During the current policy period, have any claims or suits been brought against applicant, its predecessor firm(s), or any of the attorneys proposed for this insurance that have not already been reported to **us** (if "YES" complete a **Claim Supplement** and provide loss runs for each matter)? Yes ___ No ___
15. During the current policy period, have there been any changes in the status of any claims that were reported to an insurance company other than **us** (if "YES" complete a **Claim Supplement** and provide loss runs for each matter)? Yes ___ No ___

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16. After inquiry is the applicant, its predecessor firm(s), or any of attorneys proposed for this insurance aware of any facts, circumstances, incidents, acts, errors, omissions, or personal injuries that could be the basis of or potentially give rise to a professional liability claim (if “YES” complete a **Claim Supplement** for each matter)? Yes ___ No ___

17. Indicate the percentage of **your** billable income in the past twelve (12) months derived from the following areas of practice (must total 100%); a number in [brackets] indicates a required Supplement:

Area of Practice	%	Area of Practice	%
Administrative Law		IP – Patent	
Admiralty/Maritime		Juvenile/Guardianship [7]	
Anti-Trust/Trade Regulation		Labor – Labor Representation	
Appellate		Labor – Management Representation	
Bankruptcy [1]		Medical Malpractice – Defense	
Collections [2]		Medical Malpractice – Plaintiff [3]	
Civil Rights/Discrimination – Defense		Mergers & Acquisitions [6]	
Civil Rights/Discrimination – Plaintiff [3]		Oil/Gas/Mining [13]	
Civil Rights (General) – Defense		Pensions/Employee Benefits	
Civil Rights (General) – Plaintiff [3]		Personal BI/PD – Defense	
Class Action/Mass Tort – Defense [4]		Personal BI/PD – Plaintiff [3]	
Class Action/Mass Tort – Plaintiff [3] [4]		Product Liability – Defense	
Commercial Litigation – Defense [5]		Product Liability – Plaintiff [3]	
Commercial Litigation – Plaintiff [5]		Real Estate – Commercial [14]	
Commercial Transactions [6]		Real Estate – Foreclosure [2]	
Construction [14]		Real Estate – HOA/COA/POA [14]*	
Corporate Formation/Alteration [6]		Real Estate – Land Use/Zoning [14]	
Criminal Law		Real Estate – Loan Modification [14]	
Domestic Relations [7]		Real Estate – Residential [14]	
Entertainment/Sports/Celebrity [8]		SEC/Securities [15]	
Environmental [9]		Tax – Opinions	
Estate/Trust/Probate/Wills [10]		Tax – Preparation (Corporate) [16]	
ERISA		Tax – Preparation (Individual) [16]	
Financial Institutions [11]		Title Agency/Examination [17]*	
Government/Municipal (not Bonds)		Tribal	
Immigration/Naturalization		Water Law	
Insurance Defense [12]		Workers Comp – Defense	
International Law		Workers Comp – Plaintiff [3]	
IP – Copyright/Trademark Licensing		Other:	
IP – Copyright/Trademark Registration		Other:	
IP – Litigation		Other:	

* Complete a full Attorneys’ Select Application due to Area of Practice instead of this application

- [1] Complete the **Bankruptcy Supplement**
- [3] Complete the **Plaintiff Supplement**
- [5] Complete the **Commercial Litigation Supplement**
- [7] Complete the **Domestic Relations Supplement**
- [9] Complete the **Environmental Supplement**
- [11] Complete the **Financial Institutions Supplement**
- [13] Complete the **Oil/Gas/Mining Supplement**
- [15] Complete the **Securities Supplement**
- [17] Complete the **Title Agents Supplement**

- [2] Complete the **Collections Supplement**
- [4] Complete the **Class Action Supplement**
- [6] Complete the **Corporate Supplement**
- [8] Complete the **Entertainment Supplement**
- [10] Complete the **Estate Trust Supplement**
- [12] Complete the **Insurance Defense Supplement**
- [14] Complete the **Real Estate Supplement**
- [16] Complete the **Tax Supplement**



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18. Have **you** performed any services related to Bonds, Crypto, ERISA, or REITs or for any high-profile, high net worth, international, large corporate, or publicly traded clients? Yes ___ No ___
- a. If "YES" describe:

19. Indicate the percentage of **your** billable income from the following areas of practice (must = 100%):

Area of Practice	%	Area of Practice	%
Domestic Copyright Licensing		Foreign IP Licensing	
Domestic Copyright Registration/Prosecution		Foreign Patent Prosecution	
Domestic Trademark Licensing		IP Litigation	
Domestic Trademark Registration/Prosecution		Patent Infringement Consultation	
Domestic IP Licensing		Patent Searches	
Domestic Patent Prosecution		Validity & Infringement Opinions	
Expert Testimony for IP Litigation		Other:	

- a. What percentage of the above IP work is defense work? _____%

20. Indicate the percentage of **your** IP clients in the following industry segments:

Aerospace/Aviation	%	Electronics/Computers/Semiconductor/Software	%
Chemical	%	Mechanical/Engineering/Other Heavy Industry	%
Other: _____	%	Pharmaceuticals/Medical/Biotechnology	%

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 and **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.

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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.

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

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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

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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.



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

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____