



LAWYERS PROFESSIONAL LIABILITY INSURANCE 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: _____
 - a. Contact: _____ Email: _____
 - b. Mailing Address: _____
 - c. Telephone: _____ URL: http://_____
 - d. Individual ___ Partnership ___ P.A. ___ P.C. ___ LLC ___ LLP ___ Other _____

2. Date Firm Established: _____

3. Effective Date Requested: _____

4. 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

5. Do **you** (if "YES" please describe on the **Additional Information Supplement**):
 - a. Have any additional office locations? Yes ___ No ___
 - b. Share office space with any attorneys or firms not part of **yours**? Yes ___ No ___
 - c. Share any staff with any attorneys or firms not part of **yours**? Yes ___ No ___
 - d. Share any cases/clients with attorneys or firms not part of **yours**? Yes ___ No ___
 - e. Share letterhead with any attorneys or firms not part of **yours**? Yes ___ No ___



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6. 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% (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___

7. In the past five (5) years, has **your** attorney count changed >30% in any year (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___

8. If **you** are a sole practitioner, do **you** have a backup attorney in place? Yes ___ No ___

a. Backup Attorney Name and Address: _____

9. Number of Support Staff: Paralegal/Law Clerk ___ Clerical ___ Other (describe) ___

a. Other: _____

10. Number of Attorneys (attach a separate sheet if necessary):

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

11. For all OC, IC, and Per Diem attorneys listed in Q.10., do **you** require:

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

12. Are all attorneys listed in Q.10. current in their CLE requirements (if any)? Yes ___ No ___

13. Has any attorney listed in Q.10. ever been denied the ability to practice law, suspended from practice, disbarred, reprimanded, sanctioned, or held in contempt (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___

14. Is any attorney listed in Q.10. an employee of an organization other than **your** firm (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___

15. Does any attorney listed in Q.10. provide any professional services other than as an Attorney (ex. Accountant, Insurance Agent, Investment Advisor, Notary, or Real Estate Agent) (if "YES" please describe with % of practice on the **Additional Information Supplement**)? Yes ___ No ___



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16. Does any attorney listed in Q.10. act as a director, officer, partner, or trustee for, or exercise any managerial or fiduciary control over any business enterprise of any client (if "YES" please describe on the **Outside Interest Supplement**)? Yes ___ No ___

17. Does any attorney listed in Q.10. own, manage, have financial control of or an equity interest in, any business enterprise of any client (if "YES" please describe on the **Outside Interest Supplement**)? Yes ___ No ___

18. In the past five (5) years, has any attorney listed in Q.10.:
- a. Provided investment advice to any clients? Yes ___ No ___
 - b. Represented issuers, underwriters, or affiliates thereof with respect to the sale or issuance of bonds? Yes ___ No ___
 - c. Provided legal services or legal advice regarding the Employee Retirement Income Security Act of 1974 (ERISA)? Yes ___ No ___
 - d. Provided legal services or legal advice for or regarding any Real Estate Investment Trusts (REITs)? Yes ___ No ___
 - e. Provided legal services to any institutional (public or private) crypto exchanges, platforms, mining, or trading operations? Yes ___ No ___
 - f. Provided legal services to any high-profile or high-net worth clients? Yes ___ No ___
 - i. If "YES" please complete the **Additional Information Supplement** with full details
 - g. Provided legal services to any international clients? Yes ___ No ___
 - i. If "YES" please complete the **Additional Information Supplement** with full details
 - h. Provided legal services to any publicly traded or large companies? Yes ___ No ___
 - i. If "YES" please complete the **Additional Information Supplement** with full details

19. Are **you** seeking coverage for professional services as a Title Agent? Yes ___ No ___
a. If "YES" please complete the **Title Agents Supplement**

20. Do **you** have any clients that account for more than 50% of **your** revenue? Yes ___ No ___
a. If "YES" please complete the **Additional Information Supplement** with full details

21. List any client that has generated more than 20% of **your** revenue in a single year within the past five (5) years:

Client Name	Nature of Client's Business	Services Provided	% of Revenue

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

Past Twelve (12) Months	Prior Twelve (12) Months
\$	\$



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23. Indicate the percentage of **your** billable income derived from the following areas of practice (must total 100%); a number in [brackets] indicates a required Supplement to be completed:

Area of Practice	%	Area of Practice	%
Administrative Law		IP – Patent [18]	
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 [18]		Other:	

[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**

[18] Complete a **Firemark Application** for IP Firms



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24. Docket Controls (if "NO" please describe on the **Additional Information Supplement**):

- a. Do **you** maintain a central, electronic docket control system? Yes ___ No ___
 - i. If "YES" does it include "tickler" reminders? Yes ___ No ___
 - ii. If "YES" does it include statute of limitations parameters? Yes ___ No ___
- b. Do **you** maintain at least two (2) methods of docket control? Yes ___ No ___
- c. Do **you** crosscheck **your** docket controls? Yes ___ No ___
 - i. If "YES" how frequently? _____
- d. Does the ultimate responsibility for docket control, including entry and updates lie with the handling attorney? Yes ___ No ___

25. Conflicts of Interest (if "NO" please describe on the **Additional Information Supplement**):

- a. Do **you** maintain a system for identifying and avoiding conflicts? Yes ___ No ___
 - i. System(s) used: _____
- b. How often do **you** check for conflicts of interest? _____
- c. 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 ___

26. Engagement Letters (if "NO" please describe on the **Additional Information Supplement**):

- a. Do **you** use engagement letters for all clients? Yes ___ No ___
- b. Do the letters include the scope of services and the fee structure? Yes ___ No ___
- c. Are the letters revised if the scope of representation changes? Yes ___ No ___
- d. Do **you** use non-engagement/declination letters for all clients? Yes ___ No ___
- e. Do **you** use disengagement/termination letters for all clients? Yes ___ No ___

27. Risk Management (if "NO" please describe on the **Additional Information Supplement**):

- a. Do **you** employ a firm administrator? Yes ___ No ___
- b. Do **you** have a firm management committee that meets regularly? Yes ___ No ___
- c. Do **you** have written risk management procedures? Yes ___ No ___
- d. Do **you** have a formal evaluation system for all attorneys? Yes ___ No ___

28. Suits for Fees:

- a. How many suits for fees did **you** initiate against clients in the past 24 months? _____
 - i. How many of these fee suits have been resolved? _____
- b. What percentage of **your** fees are more than 90 days past due? _____
- c. How frequently do **you** send invoices to your clients? _____

29. Within the past five (5) years, have any of the attorneys listed in Q.10. been the subject of a disciplinary complaint made to any court or to any administrative or regulatory agency (if "YES" please complete a **Claim Supplement** for each disciplinary complaint)? Yes ___ No ___



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30. Within the past five (5) years, has any professional liability claim been made against **you, your** predecessor firm(s), or any of the attorneys listed in Q.10. agency (if "YES" please complete a **Claim Supplement** for each claim)? Yes ___ No ___

31. After inquiry, are **you, your** predecessor firm(s), or any attorney listed in Q.10. 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 Q.10.? (if "YES" please complete a **Claim Supplement** for each matter): Yes ___ No ___

32. Have all the matters indicated in Q.31. already been reported to the appropriate professional liability insurance carriers (if "NO" please describe on the **Additional Information Supplement**)? Yes ___ No ___

33. Regarding **you, your** predecessor firm(s), or any attorneys listed in Q.10., has any application for Lawyers Professional Liability Insurance been declined, any policy canceled, or any renewal of such insurance been refused (if "YES" please describe on the **Additional Information Supplement**)? Yes ___ No ___

34. List all Lawyers Professional Liability insurance carried by **you** during the past five (5) years:*

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

*Please attached a copy of **your** current policy's Declarations Page and all Endorsements

35. Current Policy Expiration Date: _____ Current Policy Retroactive Date: _____

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

37. Does **your** current policy have any endorsements or exclusions limiting coverage (if "YES" please attach copies and list on the **Additional Information Supplement**)? Yes ___ No ___

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

a. If "YES" what are the effective dates of the ERP? From _____ To _____

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

Per Claim Limit of Liability	Aggregate Limit of Liability	Deductible



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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.

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.



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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 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.



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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.



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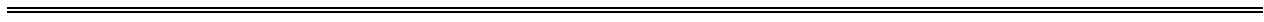
NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care 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 LawGold™, 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: _____