



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company

Home Office: Scottsdale, Arizona

Administrative Office: 7 World Trade Center, 37th Floor • 250 Greenwich Street • New York, NY 10007-0033
1-800-423-7675

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

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 SIXTY (60) 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 space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

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.

New York policyholders: This policy is written on a claims-made basis and unless otherwise stated on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

General Firm Information

1. Name of Applicant: _____
 Individual Partnership P.A. P.C.
 L.L.C. L.L.P. Other: _____

Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.

2. Address of Principal Office:
 Street: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone Number: _____ Facsimile: _____
 Website Address: _____

3. Contact Person:
 Name: _____
 Telephone Number: _____ Facsimile: _____
 E-mail address: _____

4. Do **you** have branch offices? Yes No
If yes, please also complete the Branch Office and Affiliate Supplement.

5. Date Firm was founded: _____

6. List the names of all predecessor practices of **your** firm. Name only those firms for which **you** are a majority suc-cessor in interest (fifty percent [50%] or more of the former firm's assets and liabilities). **Please use separate addendum if necessary.**

Name of Predecessor Firm	Date of Existence	Number of Lawyers Acquired

7. Are there any pending material changes to **your** organization including but not limited to merger, acquisition combination or other restructuring?..... Yes No
If yes, please provide full details in a separate addendum.

Attorneys and Staff

8. Total number of **your** attorneys:
 Current Number of:
 Partners/shareholders/owners: _____
 Associates/employed lawyers: _____
 Of Counsel Members who are expected to bill more than 1,200 hrs. per year: _____
 Independent Contractors who are expected to bill more than 1,200 hrs. per year: _____
 Patent Agents: _____
 Current Number of:
 Paralegals: _____
 Clerical staff: _____
 Other (please describe): _____

9. List all attorneys that are to be considered as insured individuals under the policy. If sole practitioner, please list yourself:

Name of Each Attorney	Position (P, A, OC, IC)	Date of Hire (Month/Year)	Year Admitted to the Bar	Member of following Bar Associations	If Part-Time, average weekly hours worked on behalf of the firm

(P: Partner, A: Associate, OC: Of Counsel, IC: Independent Contractor)

If more than ten (10) attorneys, attach additional sheet(s). Total number of insured attorneys: _____

10. If **you** are a sole practitioner, please provide the details of the attorney that is responsible for **your** affairs in the event of an extended absence from **your** practice due to illness, vacation or similar circumstances:

Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone Number: _____ Facsimile: _____

Billings

11. List **your** gross billings for the past twenty-four (24) months:
 Last Twelve (12): _____ Prior Twelve (12): _____
 According to gross billings, please list **your** five largest clients. If confidentiality is required, please describe only the nature of business and legal services provided.

Name of Client	Nature of Client's Business	Legal Services Provided	Percent Revenue Derived from Client over Past Twelve (12) Months

12. Has **your** firm, or anyone in **your** firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? Yes No
If yes, please complete the Securities Supplement.
13. Has **your** firm, or anyone representing **your** firm, provided legal services for any Financial Institution during the last five years? Yes No
If yes, please complete the Financial Institution Supplement.
14. Has **your** firm, or anyone representing **your** firm, in the past five years, ever been involved in any class action or mass tort cases? Yes No
If yes, please provide full details of the case, number of plaintiffs, current status, and final resolution.
15. Has **your** firm, or anyone representing **your** firm, ever provided investment advice to a client? Yes No

Breakdown of Practice

16. Please complete the Breakdown of Practice section below to reflect the percentage of Total Gross Billings derived from all areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Arbitration/Mediation	%	Commercial Litigation—Plaintiff ^[1]	%
Administrative Law	%	Entertainment/Sports ^[1]	%
Admiralty/Maritime	%	Environmental ^[1]	%
Bankruptcy	%	Estate, Trust, Probate, and Wills ^[1]	%
Collection/Repossessions	%	Intellectual Property Trademark Registration ^[3]	%
Commercial Litigation—Defense ^[1]	%	Intellectual Property Trademark Search ^[3]	%
Criminal Law	%	Labor—Labor Representation	%
Insurance Defense ^[1]	%	Mergers/Acquisitions	%
Juvenile/Guardianship	%	Oil, Gas or Mining ^[1]	%
Personal BI/PD Defense	%		

Area of Practice	Percent
Workers Compensation Defense	%
Total	%

Anti-Trust/Trade Regulation	%
Civil rights/Discrimination	%
Commercial Transactions	%
Corporation Formation/Alteration	%
Domestic Relations	
Assets under \$1,000,000	%
Assets \$1,000,000 to \$5,000,000	%
Assets more than \$5,000,000	%
Immigration and Naturalization	%
Intellectual Property Litigation ^[3]	%
International/Foreign Law ^[2]	%
Labor—Management Representation	%
Government/Municipal (Not bonds)	%
Tax—Preparation of Returns	%
Total	%

Patent Prosecution—Domestic or Foreign ^[4]	%
Patent Searches—Domestic or Foreign ^[4]	%
Intellectual Property Counseling ^[3]	%
Intellectual Property Infringement/Opinions ^[3]	%
Class Action/Mass Tort Law	%
Total	%

Area of Practice	Percent
Pension & Employee Benefits	%
Personal BI/PD Plaintiff ^[1]	%
Real Estate—Commercial	%
Real Estate—Residential ^[1]	%
Real Estate—Land Use/Zoning ^[1]	%
Real Estate—Title Examination ^[1]	%
Tax—Opinions	%
Worker's Compensation—Plaintiff	%
Total	%

Banking/Financial Institutions ^[1]	%
Other Intellectual Property Services ^[3]	%
Patent/Copyright/Trademark Licensing ^[4]	%
Securities ^[1]	
Private Placements	%
Public	%
Real Estate—Loan Modification	%
Real Estate—HOA/COA Representation	%
Total	%

Other (explain) ^[2] :	%
Total	%

Total of all areas of practice must equal	100%
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^[1] Corresponding Supplement must be completed.

^[2] Describe: _____

^[3] If five percent (5%) or more of the firm's AOP, please request alternative application.

^[4] Please request alternative application.

Independent Contractors

17. In the past twenty-four (24) months, if **you** have retained attorneys on an Independent Contractor basis to provide legal services to **your** clients please complete the following: N/A
- Do **you** require that all Independent Contractor services be performed on **your** letterhead? Yes No
- Are **you** exclusively responsible for billing **your** clients for services performed by Independent Contractors? Yes No
- Do **you** require that all Independent Contractors carry professional liability insurance and provide evidence of such coverage prior to being retained?..... Yes No

Please explain the reasons for retaining an Independent Contractor to provide legal services to your clients below: _____

18. Please provide details of each Independent Contractor retained:

Name of Independent Contractor	Hours (per week)	Insurance Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: Coverage for which you are applying does not extend to include Independent Contractors for services performed on behalf of lawyers or law firms other than your firm, unless specifically agreed by the insurer and evidenced by the issue of an endorsement.

Other Activities

19. Does **your** practice also involve acting in the capacity of any of the following? Yes No
 Please complete the following:

Type of Practice	Percent of Practice Devoted to Each	Professional Liability Insurance Company Providing You Separate Coverage	Expiration Date (mm/dd/yy)
a. Accountant			
b. Real Estate Agent or Broker			
c. Title Abstractor/Searcher			
d. Notary			
e. Title Agent ^[1]			

[1] Please complete the Title Agent Supplement.

20. Do any of **you** act as:
 a. A Public Defender? Yes No
 b. A Prosecuting Attorney? Yes No
 c. An in-house lawyer of any corporation, municipality or state department? Yes No
 d. An Arbitrator or Mediator? Yes No

If the response to any of the above is yes, please provide details on a separate addendum.

Resource Sharing

21. Do **you** share any of the following with other attorneys or law firms?
 Office Space? Yes No

If yes, name of law firm(s): _____

Staff? Yes No

If yes, please describe staff sharing arrangement on a separate addendum.

Cases? Yes No

If yes, please describe case sharing arrangement on a separate addendum.

Letterhead? Yes No

If yes, please explain relationship on a separate addendum and provide sample letterhead.

Conflict Screening

22. Are potential conflicts referred to an independent conflict committee? Yes No

23. Describe how **you** resolve potential and actual conflicts: _____
-
24. After matters have been opened, what steps do **you** take to supplement conflict of interest searches regarding new parties? _____
-
25. Are **you** or any of **your** lawyers a director or officer of, a partner in, hold equity interest in or an employee of a business entity other than **your** firm? Yes No
If yes, please complete the Outside Interest Supplement.

Risk Management

26. Do **you** employ a firm administrator? Yes No
27. Is **your** firm managed by a committee that meets on a regularly scheduled basis? Yes No
28. Do **you** have written risk management procedures? Yes No
29. Do **you** use a formal system to evaluate the performance of all practicing lawyers? Yes No
30. Do **you** use a formal system to evaluate the performance of all non-attorney employees? Yes No
31. In the last two years, how many suits have **you** filed against clients for recovery of **your** fees? _____
32. How many of these suits have been resolved? _____
33. What percentage of **your** billings are ninety (90) days or more overdue? _____%
34. Are new clients and new matters approved by a committee or by a partner in **your** firm? Yes No
If no, please explain on a separate addendum.
35. Are engagement letters or retainer agreements, which establish the scope of **your** representation and billings arrangements, required to be sent on all new client engagements? Yes No
If no, please explain.
36. Do engagement letters or retainer agreements include an Alternative Disputes Resolution Clause? Yes No
37. Are non-engagement letters required to be used when declining representation? Yes No
If no, please explain.
38. Are changes to the scope of representation evidenced by an addendum or revision to the engagement letter? Yes No
If no, please explain.
39. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes No
40. Which of the following are incorporated in **your** docket control system? (check all that apply)
 Calendar Master Listing Tickler File Pocket Diary
 Computerized System Other: _____
41. Does the docket control system include? (check all that apply)
 Litigated items Non-litigated items Statute of limitations Dates of long-term matters
 Other: _____
42. How frequently are deadlines cross-checked? (check all that apply)
 Daily Weekly Monthly Other: _____
43. How do **you** maintain a conflict of interest system? (check all that apply)
 Oral/memory Index File Computer Conflict Committee
 Other: _____

44. Indicate the items captured by this system. (Check all that apply)

- Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel

Claims History

45. Have any of **you** ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body?..... Yes No

If yes, please provide details on a separate addendum.

How many?

46. Have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past five years?..... Yes No

If yes, please complete a Claim Supplement for each disciplinary complaint.

How many?

47. Has any professional liability claim or suit been made against any attorney of Applicant or any previous member of your current firm or predecessor firm within the last five years?..... Yes No

If yes, please complete a Claim Supplement for each claim/incident.

How many?

48. Does any attorney of Applicant know of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? Yes No

If yes, please complete a Claim Supplement for each incident.

How many?

49. Have all of the matters indicated above been reported to the Applicant’s appropriate professional liability carrier(s)? Yes No

If no, please explain on a separate addendum.

Insurance History

50. Please attach a copy of **your** current Declaration Page and Prior Acts Endorsement.

51. Current policy expiration date:.....

52. What is the inception date of **your** earliest “claims-made” policy maintained without interruption?.....

53. Please list all lawyers’ professional liability insurance policies carried by **you** for the past five years or attach a copy of the Declarations Page from **your** current policy:

Policy Period	Insurance Company	Limits of Liability Per Claim/Agg.	Deductible	Annual Premium	No. of Attorneys Covered

54. Does your current policy have a prior acts exclusion (retroactive) date?..... Yes No
If yes, please provide your current prior acts exclusion date:.....

55. Have any of **your** professional liability insurance policies been canceled or non-renewed during the last five years? (not applicable to Missouri Applicants) Yes No
If yes, please provide details in a separate addendum.

56. Does **your** current policy have any other type of endorsements that exclude or modify coverage? Yes No
If yes, please provide details in a separate addendum.

57. Does the firm currently carry any fiduciary liability or crime coverage? Yes No

If yes, please attach a copy of your current Declaration Page.

58. Please provide limits of liability and deductible options requested:

Limits of Liability		Deductible*
Per Claim	Aggregate	
\$	\$	\$

*Minimum deductible will apply based upon size of firm, areas of practice, and prior loss history

Representations and Signature

FRAUD WARNING: 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. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 a 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to **us**.

The program manager is authorized to make any inquiry in connection with this application. The program manager's acceptance of this application or the making of any subsequent inquiry does not bind **us** to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify **us** and **we** may modify or withdraw any quotation or agreement to bind insurance.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

Signature of Applicant* _____
Date

Print Name _____
Title (must be signed by managing partner or managing executive of Firm)

*SIGNING THIS FORM DOES NOT BIND **YOU** OR **US** TO COMPLETE THE INSURANCE.

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)