



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

RENEWAL 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

I Partnership

I P.A.

I P.C.

I L.L.C.

I L.L.P.

I 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: _____
 Contact Person: _____ E-mail: _____

3. Have **you** added any branch offices since your last application? Yes No

If yes, please complete the **Branch Office and Affiliate Supplement**.

If yes, please also complete the Branch Office and Affiliate Supplement.

4. 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

5. Total number of attorneys in the principal office and branch(es), if any, (excluding attorneys engaged as independent contractors on a per diem basis):

This year: _____ (as of _____) Last year: _____

Please complete the New Attorney Supplement for all newly added attorneys not disclosed on your previous year application.

6. 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 attorneys: _____

Breakdown of Practice

7. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

Area of Practice	Percent
Arbitration/Mediation	%
Administrative Law	%
Admiralty/Maritime	%
Bankruptcy	%
Collection/Repossessions	%
Commercial Litigation—Defense ^[1]	%
Criminal Law	%
Insurance Defense ^[1]	%
Juvenile/Guardianship	%
Personal BI/PD Defense	%
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	%
Other (explain) ^[2]	%
Total	%

Area of Practice	Percent
Commercial Litigation—Plaintiff ^[1]	%
Entertainment/Sports ^[1]	%
Environmental ^[1]	%
Estate, Trust, Probate and Wills ^[1]	%
Intellectual Property Trademark Registration ^[3]	%
Intellectual Property Trademark Search ^[3]	%
Labor—Labor Representation	%
Mergers/Acquisitions	%
Oil, Gas or Mining ^[1]	%
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 ^[3]	%
Securities ^[1]	%
• Private Placements	%
• Public	%
Real Estate—Loan Modification	%
Real Estate—HOA/COA Representation	%
Total	%
Patent Prosecution—Domestic or Foreign ^[3]	%
Patent Searches—Domestic or Foreign ^[3]	%
Intellectual Property Counseling ^[3]	%
Intellectual Property Infringement/Opinions ^[3]	%
Class Action/Mass Tort Law	%
Total	%
Total of all areas of practice must equal	100%

^[1] Supplemental application must be completed.

^[2] Describe: _____.

^[3] Request alternative application.

8. 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.

9. Has **your** firm, or anyone representing **your** firm, provided legal services for any Financial Institution during the last five years?..... Yes No

Billings

10. List **your** gross billings for the past twelve (12) months: _____

11. According to gross billings, please list the five largest current clients for **your** firm in the past twelve (12) months. 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	Percentage of Revenue Derived from Client Over Past 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 ever affiliated with **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

Independent Contractors

16. Have **you** utilized any new attorneys on an Independent Contractor basis since **your** last application? .. Yes No

If the response is yes, please provide information below.

Name of Independent Contractor	Hours	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 the Applicant is applying does not extend to include Independent Contractors, unless specifically agreed by the Insurer and evidenced by the issue of an endorsement.

Other Activities

17. Since **your** last application have **you** engaged in any of the following a. through d.? Yes No
If yes, 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. Title Agent			

18. Since **your** last application have any of **you** accepted a position as a director, officer, trustee or partner for any business enterprise other than the applicant named in Item 1. of this application? Yes No
If yes, please complete the Outside Interest Supplement.

Risk Management

19. Have **you** changed **your** firm administrator since **your** last application? Yes No
20. Have **you** adopted or made changes to **your** firm's written risk management procedures since **your** last application? Yes No
21. Have you adopted or made changes to your firm's standard letters such as engagement letters, disengagement letters, retainer agreements, etc. since your last application? Yes No
22. Have **you** adopted or made changes to **your** firm's conflict of interest screening procedures since **your** last application? Yes No
23. Do **you** have a formal system to evaluate the performance of all non-attorney employees? Yes No
24. Have **you** filed any suits against **your** clients to collect fees since **your** last application? Yes No
25. Have **you** changed **your** back-up attorney since **your** last application? Yes No
26. Have **you** shared office space, cases or letterhead with any new law firm since **your** last application? ... Yes No

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

Claims History

27. Since **your** last application have any of **you** 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? _____

28. Since **your** last application have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past year? Yes No

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

How many? _____

29. Has any professional liability claim or suit been made against **you** or anyone in **your** firm since **your** last application? Yes No

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

How many? _____

30. Are you or anyone in your firm aware 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?

Desired Limits

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

As expiring OR

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.

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. If a policy is issued, this Application will be considered physically attached to it. 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 e-mails 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: _____