



General Star National Insurance Company

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

<NEW BUSINESS>

Administered by:

PCM Services, LLC

11 Hanover Square, 6th Floor
New York, NY 10006-2863

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Enclose a copy of the Applicant firm's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This Application and all supplemental forms must be signed and dated by an active owner, officer or partner of the firm. The original copy of the signed and dated Application is needed before any coverage can be bound. Return this and all supplemental applications to the Program Administrator at XXXXXXXXXXXXXX

Requested Effective Date: From _____ To _____
12:01 a.m. Standard Time at the street address of the Applicant Firm

I. GENERAL INFORMATION

- Applicant Firm: _____
- Street Address: _____ City: _____
County: _____ St: _____ Zip: _____
Does the Applicant firm have additional office locations? Yes No
If Yes, please provide details on a separate attachment.
- Telephone Number: _____ 4. Fax Number: _____
- Website Address: _____ 6. Date Applicant firm was established: _____
- Please list all Predecessor firms of the Applicant firm to whose financial assets and liabilities the Applicant firm is the majority successor in interest. "Majority successor in interest" means that the Applicant firm assumed 50% or more of the former firm's assets and liabilities. Please include any firms that have dissolved or have merged with or into the Applicant firm for which the Applicant firm is a successor to the former firm's assets or liabilities.

NAME OF FIRM	DATE FORMED	DATE OF MERGER OR DISSOLUTION IF APPLICABLE	PERCENTAGE OF ASSETS AND LIABILITIES ASSUMED	NO. OF PRINCIPALS OR PARTNERS	NO. OF EMPLOYED LAWYERS

- Provide total gross revenues for the Applicant firm for the past three (3) years or fiscal year period. If newly established, indicate anticipated gross revenues for the current year.
 \$ _____ current year
 \$ _____ last year
 \$ _____ 2 years ago
- Does the Applicant firm have any subsidiaries, or conduct any ancillary business or professional activities or services? Yes No
 If Yes, provide the name of the subsidiary or ancillary business, a detailed description of the operation, and the amount of gross annual revenues from the subsidiary or ancillary business (please use separate sheet as necessary):

10. Staff:	Number Currently Employed	Number Who Left Applicant Firm in Past Year
Lawyers		
Paralegals		
Non-Lawyer Employees		

11. List all Lawyers for whom the Applicant firm is seeking coverage, along with the proper designation code.

Designation Codes: P = Partner L = Lawyer OC = Of Counsel IC = Independent Contractor

NAME	DESIGNATION CODE <small>(If "OC" or "IC", indicate approximate hours per week worked for Applicant Firm)</small>	YEAR FIRST ADMITTED TO BAR	STATES WHERE LICENSED	YEAR LAWYER JOINED APPLICANT FIRM

* If Applicant firm has more than five (5) lawyers, please list remainder by separate attachment.

II. FIRM'S PRACTICE

1. a. Practice Areas - Describe the Applicant firm's practice by showing the approximate percentage of gross billable dollars during the past year derived from services in the following areas of practice:

CATEGORY A		CATEGORY B		CATEGORY C ₍₁₎	
Administrative Law		Civil Rights		Admiralty	
Appellate		Government Law		Antitrust	
Arbitration		International Law		Banking	
Criminal		Labor/Management		Commercial Law	
Immigration		Municipal Law		Corporate Formation	
Mediation		Title/Residential		Lobbying	
Traffic		Title/Commercial		Foreclosures	
				General/Corporate Advice	
				Patent, Trademark, Copyright Litigation +	
SUBTOTAL - A - %		SUBTOTAL - B - %		Tax Preparation	
				SUBTOTAL - C₍₁₎ - %	

CATEGORY C ₍₂₎		CATEGORY D		CATEGORY E	
Litigation:		Bankruptcy		Corporate Mergers/Acquisitions +	
Plaintiff: BI/PI		Collection +		Entertainment +	
Medical Malpractice		Construction Law		Fiduciary	
"Class Action" +		Estate Planning		Investment Counseling/Money Management +	
"Other Litigation"		Estate / Trust / Probate / Wills		Labor Unions +	
Defense: Insurance		Family Law		Patent, Trademark, Copyright Searches +	
<i>(Excluding Med Mal)</i>		Patent, Trademark, Copyright Prosecution +		Purchases or Sale by Client of Business	
Medical Malpractice		Tax Opinions		Real Estate Closings/General	
"Class Action" +		Tax Shelters			
"Other" BI/PI				SUBTOTAL - E - %	
"Other" Litigation		SUBTOTAL - D - %			
SUBTOTAL - C₍₂₎ - %					

CATEGORY F					
Adoptions		Oil/Gas/Mining +		Securities - Equity ++	
Real Estate Syndication		Patent, Trademark, Copyright - Foreign +		Securities - Bonds/Debenture ++	
Environmental Law +		Real Estate Development+		Limited Partnership Formation ++	
Family Law - Monied or High Profile Divorces		Savings and Loan +		SUBTOTAL - F-%	

+ Complete the appropriate supplemental application if any percentage within the last two (2) years.

++ Complete the appropriate supplemental application if any percentage within the last five (5) years.

NOTE - Total of Categories A through F must equal 100%

- b. With respect to the Applicant firm's litigation practice, what is the average caseload per attorney (annually)?

- c. With respect to the Applicant firm's litigation practice, what procedures are utilized to ensure that statutes of limitations and other deadlines are properly identified and met?

- d. Does an attorney meet with every new client prior to accepting the representation of that client? If no, please explain in complete detail on a separate attachment. Yes No
2. Check each box below if, at any time during the past year, the Applicant firm has represented or provided any kind of legal service to any of the dual or multiple parties shown below, relative to the same basic matter or transaction:
- | | |
|--|--|
| <input type="checkbox"/> Buyer and Seller | <input type="checkbox"/> Licensor and Licensee |
| <input type="checkbox"/> Corporation and Individual Shareholders | <input type="checkbox"/> Husband and Wife in divorce |
| <input type="checkbox"/> Franchisor and Franchisee | <input type="checkbox"/> Lender and Borrower |
| <input type="checkbox"/> Investors and Real Estate Developers | <input type="checkbox"/> Employer and Employee |
- Please attach full details for each box that is checked, including but not limited to complete conflict of interest disclosure procedures utilized with each party and whether each party consented to such dual or multiple representation in writing.
3. a. Business Related Activities - Indicate if any past or present Applicant firm lawyer has had any involvement in any of the following areas within the past two (2) years:
- | | |
|--|--|
| i. Discretionary investment authority over client funds, except for wills and trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Deal maker - located potential investors, buyers, partners or lenders for any project, business, or other venture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Drafted or negotiated any terms of any buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets, or any commercial property or real estate, where the values involved were \$5,000,000 or more | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Accepted compensation on a commission basis or based on dollar value of sale | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- b. If Yes to 3.a.i. through 3.a.iv., please complete the Business Related Activities Supplement.
4. Business Involvements with Clients/Outside Interests – With respect to any past or present clients of the Applicant firm, has the Applicant firm or any predecessor firm or any lawyer or employee thereof within the past three (3) years served as a director, officer, or employee; had any equity or ownership interest; or engaged in any kind of business venture? If Yes, please complete the Outside Interest Activities Supplement. Yes No
5. Within the last three (3) years, has the Applicant firm or any lawyer ever acted as In House General Counsel, or as Outside General Counsel for any Publicly Owned Client? If Yes, please explain in complete detail on a separate attachment. Yes No

III. CLIENT RELATIONS

1. Major Client - Did any one client (including affiliated or related clients) account for thirty percent (30%) or more of the Applicant firm's gross revenues during the past three (3) years? If Yes, please provide complete details on a separate attachment. Yes No

2. a. Suits for Fees – How many suits for collection of fees have been filed by the Applicant firm or any of its lawyers against a client in the last two (2) years? _____

b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

c. What steps have been taken by the Applicant firm to reduce or avoid the necessity of future fee collection suits?

d. When evaluating whether to sue for collection of unpaid fees, does the Applicant firm review the file for the purpose of evaluating whether a counterclaim alleging malpractice might be filed in response? Yes No

3. Insolvent Clients – Please respond to the following questions for any past or present client of the Applicant firm that became insolvent, bankrupt, or went into liquidation or receivership during the past three (3) years, unless the representation of such client was solely limited to bankruptcy work:

a. At any time, had the Applicant firm or any lawyer been corporate counsel or general counsel for the client? Yes No

b. Was the client a public company? Yes No

c. Was client any type of financial institution, financial services company, insurance company, or investment company? If Yes, please complete the Financial Institution Supplemental Application. Yes No

d. Did the Applicant firm provide any of the following types of legal services to the client: environmental, investment counseling, patent, real estate or securities? Yes No

If Yes to any part of Question 3, please provide complete details on a separate attachment.

IV. FIRM MANAGEMENT AND ADMINISTRATION

1. General - In the Applicant firm, are the following items present or actively in use:

a. Full time office administrator Yes No

b. Formalized professional liability risk management program Yes No

c. Fidelity Bond Yes No

d. Formalized peer review program or procedure Yes No

e. Standard pre-printed new client interview forms Yes No

f. Engagement letters on all new clients Yes No

g. Disengagement or non-engagement letters Yes No

2. a. Does the Applicant firm ever sub-contract any kind of work to other law firms or other third parties? Yes No

b. If Yes, does the Applicant firm require and confirm that the subcontracting entity carries separate errors and omissions insurance? Please attach separate sheet detailing what kind or work is sub-contracted, approximate revenue volume and what steps are taken to protect the firm from suits due to the errors and omissions of the firm to whom the client is referred. Yes No

3. Internet Activity - Other than attorney-client e-mail, does the Applicant firm or any lawyer engage in the following activities over the internet?
- a. Marketing for new clients and accepting new clients Yes No
 - b. Providing any legal services or advice to anyone Yes No
 - c. Providing case status updates to clients Yes No
 - d. Maintenance of any legal bulletin boards, web logs or chat rooms Yes No
 - e. Collection of client information or data at your site Yes No
 - f. Briefly describe the steps you take to ensure the security of your firm's website and/or related electronic communications (including firewall, virus detecting software, data encryption, user login IDs, etc.) _____ N / A
4. Computerization/Automation - Check each of the following functions or areas for which the Applicant firm is automated or computerized:
- Accounts Receivable Management Case Management Systems Legal Research
 - Attorney Timekeeping Expert Systems Legislative Tracking
 - Automated Substantive Systems Firm Financial Management Litigation Support
 - Billing In-house Work Products Index Other _____
5. Diary System/Docket Control - Check each of the following that is employed by or applies to the Applicant firm in the areas of diary system/docket control:
- Computer Tickler Perpetual Calendar
 - Daytimer Pocket Calendar No Formal System
 - System is centralized and used on a firm wide basis
 - System tracks court dates and deadlines and statute of limitations dates
 - Software calculates/identifies all key dates upon initial entry of a matter
 - Open calendar entries are circulated to all lawyers on a weekly basis
6. Conflict of Interest System/Conflict Avoidance - Check each of the following used by the Applicant firm and identify and explain any other conflict of interest system/avoidance methods employed:
- Computer Oral/Memory No Formal System
 - Single Index Files Multiple Index Files
 - System is centralized and used on a firm wide basis
 - System retains and checks client name, client's principals and subsidiaries, opposing party and opposing counsel

V. PRIOR INSURANCE INFORMATION (Check here if None)

1. List the Lawyers Professional Liability insurance carried for each of the past three (3) years, including periods of no coverage:

POLICY PERIOD		INSURANCE COMPANY	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE (IF ANY)	NO. OF LAWYERS COVERED	PREMIUM
FROM: MM/DD/YY	TO: MM/DD/YY					
/ /	/ /					
/ /	/ /					
/ /	/ /					

2. a. Does the Applicant firm's current policy contain a prior acts limitation or a retroactive date? Yes No
- If Yes, indicate the date and attach a copy of the Applicant firm's current policy's prior acts endorsement and Declarations Page: _____

b. Has the Applicant firm or any predecessor firm or any lawyer ever had any Insurer decline, cancel, refuse to renew, or accept only on restricted terms any Professional Liability Insurance? NOTICE TO MISSOURI RESIDENTS: THIS QUESTION DOES NOT APPLY Yes No

3. Has the Applicant firm, any predecessor firm or any lawyer ever purchased an extended reporting period or tail endorsement? If Yes, please provide complete details: Yes No

VI. DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY

IMPORTANT NOTICE: Report all known claims and/or circumstances to the Applicant firm's current insurer. If any lawyer proposed for insurance has knowledge of an act, error, omission or Personal Injury that might reasonably be expected to result in a claim, then such claim is excluded from any coverage that may be provided by the Company. Further, failure to disclose such claim, or such act, error, omission or Personal Injury may result in any insurance being void and/or subject to rescission.

1. a. Has any Applicant firm lawyer, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? Yes No

b. If Yes, please provide complete details on a separate sheet, including a copy of the courts final opinion.

2. a. Has any Applicant firm lawyer, past or present, had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action? Yes No

b. If Yes, please provide complete details on a separate sheet.

3. a. Has any professional liability claim or suit been made in the past five (5) years against the Applicant firm or its predecessor firm(s) or any current or former lawyer of the firm or its predecessor firm(s)? If Yes, indicate total number of claims _____ Yes No

b. After inquiry, does any Applicant firm lawyer know of any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm or its predecessor firm(s) or any of the current or former lawyers of the Applicant firm or its predecessor firm(s)? If Yes, indicate total number of such incidents _____ Yes No

If Yes to any part of Question 3, a Supplemental Claim Form must be completed for each claim or incident in order for your Application to be considered.

VII. COVERAGE REQUESTED

1. Limits of Liability: Please indicate the limit of liability desired:

PER CLAIM/ANNUAL AGGREGATE		
<input type="checkbox"/> \$ 100,000 / \$300,000	<input type="checkbox"/> \$1,000,000 / \$3,000,000	<input type="checkbox"/> \$ 7,000,000 / \$ 7,000,000
<input type="checkbox"/> \$ 250,000 / \$ 250,000	<input type="checkbox"/> \$2,000,000 / \$2,000,000	<input type="checkbox"/> \$ 8,000,000 / \$ 8,000,000
<input type="checkbox"/> \$ 250,000 / \$ 500,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$ 9,000,000 / \$ 9,000,000
<input type="checkbox"/> \$ 500,000 / \$ 500,000	<input type="checkbox"/> \$3,000,000 / \$3,000,000	<input type="checkbox"/> \$10,000,000 / \$10,000,000
<input type="checkbox"/> \$ 500,000 / \$1,000,000	<input type="checkbox"/> \$4,000,000 / \$4,000,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> \$ 1,000,000 / \$1,000,000	<input type="checkbox"/> \$5,000,000 / \$5,000,000	
<input type="checkbox"/> \$ 1,000,000 / \$2,000,000	<input type="checkbox"/> \$ 6,000,000 / \$ 6,000,000	

ANNUAL AGGREGATE DEDUCTIBLE		
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> Higher (specify) \$ _____

2. Prior Acts Date Desired: _____

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF THE APPLIANT FIRM'S PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, the undersigned, on behalf of the Applicant firm and all lawyers proposed for coverage, represents and agrees to each of the following five (5) items:

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm lawyer is aware of any actual or alleged act, error, omission, or Personal Injury that might reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

<input type="checkbox"/> Business Related Activities Supplemental App	<input type="checkbox"/> Labor Union Supplemental Application
<input type="checkbox"/> Claim Information Supplemental Application(s)	<input type="checkbox"/> Limited Partnership Formation Supplemental App
<input type="checkbox"/> Class Action Supplemental Application	<input type="checkbox"/> New Lawyers Supplemental Application(s)
<input type="checkbox"/> Collection Work Supplemental Application	<input type="checkbox"/> Oil/Gas/Mining Supplemental Application
<input type="checkbox"/> Corporate Mergers & Acquisitions Supplemental App	<input type="checkbox"/> Outside Interest Activities Supplemental Application
<input type="checkbox"/> Entertainment Supplemental Application	<input type="checkbox"/> Prior Acts Ext. – Specified Lawyers at Specified Firms
<input type="checkbox"/> Environmental Practice Area Supplemental App	<input type="checkbox"/> Real Estate Development Supplemental App
<input type="checkbox"/> Financial Institution Supplemental Application	<input type="checkbox"/> Securities Supplemental Application
<input type="checkbox"/> Intellectual Property Supplemental Application	<input type="checkbox"/> Title Agency Supplemental Application
<input type="checkbox"/> Investment Counsel/Money Mgmt Supplemental App	<input type="checkbox"/> Other_____
3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the Company to provide insurance, and any policy issued by the Company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 New York Applicants:

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure of the Applicant firm to report any claim, or any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm or its lawyers, to its current insurance company BEFORE expiration of its current policy term may create a lack of coverage. Please also see **IMPORTANT NOTICE** in Section VI.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

NOTICE:

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

Submitting this form and/or tendering premium does not bind the Applicant or the Company to complete the insurance.

An authorized representative who is an active owner, officer, or partner of the Applicant firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title