

Lawyers Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
Name of Applicant's Firm		Date of Claim	
DBA		Claim, Suit, or Incident #	
Name of Claimant		Jurisdiction of Suit	
Carrier & Policy Number		Date of Alleged Error	

1. Name(s) of individuals from insured business involved in claim: _____
2. Description of claim/suit: _____
3. What causes of action were pleaded against the firm? _____
4. Describe potential outcomes: _____
5. When was suit filed? _____
6. If closed claim or suit resolved, what were the losses paid including deductible and/or SIR: \$ _____
7. If claim is open or suit pending, what are the current loss reserves? \$ _____
8. Was an engagement letter issued detailing scope of protection? Yes No
9. Are there any additional defendants? _____
10. What actions has the firm taken since to prevent future claims? _____

II. CERTIFICATION AND SIGNATURE
<p>The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Supplemental Disclosure form shall form the basis of the contract should Golden Bear Insurance Company approve coverage and should the Insured be satisfied with the Golden Bear Insurance Company quotation.</p> <p>It is further agreed that, if in the time between submission of this Application and the requested are for coverage to be effective; the Insured becomes aware of any information which would change the answer furnished in response to the questions of Application, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.</p>

 ❖ **Must be signed by a Principal, Partner, Officer or Director**

 Partner, Owner, Officer or Principal (Print Name):

 Title:

 Partner, Owner, Officer or Principal (Signature):

 Dated:

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION FORM IS PROPERLY SIGNED AND DATED.

Please submit this Application Form including appropriate documentation to:

Golden Bear Insurance Company – Professional Liability Department

P.O. Box 271 – Stockton, CA 95201

www.Professional@goldenbear.com

Notice to Insureds: 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 the person to criminal and civil penalties.

Lawyers' Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
Name of Applicant's Firm:		Expiration Date:	
DBA:		Phone / Fax:	
Street Address:		Contact Email:	
City, State, Zip:		Website Address:	

II. CLASS ACTION / MASS TORT INFORMATION

- List all pending class action and mass tort and class action cases as well as the firms approach to handling such cases on a separate sheet.
- How many class action cases have you handled in the past five years? _____, what is the average dollar value of each case? \$ _____
- What types of class action/mass tort cases does your firm handle? _____
- What states are your cases filed in? _____
- Do you represent: Plaintiffs or Defendants (Select One)
- Do you expect to have any additional class action lawsuits this year? Yes No
If Yes, explain: _____
- How long, in years, has your firm been handling mass torts? _____

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Lawyers Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
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DBA		Phone / Fax	
Contact Email		Website Address	

1. Average number of cases the law firm has handled per year? _____

2. What are the break in Collection Services in:

Consumer Collection Total Number: _____ / _____ %,
 Commercial Collections Total Number: _____ / _____ %,
 Total: _____% (Total Must = 100%)

3. List Top 5 Clients:

1. _____
2. _____
3. _____
4. _____
5. _____

4. Do you hire 3rd party, non-attorney and/or servicing firms for collection services? Yes No
 If so, please provide the details of services provided by the 3rd party on behalf of your insured.

a. Does the contract with 3rd party include hold harmless and indemnification for your benefit? Yes No

b. Are the 3rd party providers required to carry Professional Liability Insurance coverage? Yes No

5. Do you own or provide any services to purchasers of debt or debt consolidators? Yes No

6. Please list (identify) any Claims/Suits/Incidents (from loss runs) under the FCRA, TCPA and FDCPA in the past 10 years:

 Partner, Owner, Officer or Principal (Print Name):

 Title:

 Partner, Owner, Officer or Principal (Signature):

 Dated:

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II. FRAUD WARNING

APPLICABLE IN NEW YORK:

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 thereof, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALABAMA:

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.

APPLICABLE IN COLORADO:

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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

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 Insured.

APPLICABLE IN FLORIDA:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

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 commits a fraudulent insurance act.

APPLICABLE IN MARYLAND:

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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

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APPLICABLE IN MINNESOTA:

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

APPLICABLE IN OHIO:

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

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.

APPLICABLE IN WASHINGTON AND VIRGINIA:

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.

APPLICABLE IN ALL OTHER STATES:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. In LA, ME, and TN, insurance benefits may also be denied.



Lawyers' Professional Liability Insurance

I. GENERAL INFORMATION

Table with 4 columns: Name of Applicant's Firm, Policy Number, DBA, Phone / Fax, Contact Email, Website Address.

II. MERGER / ACQUISITION INFORMATION

- 1. Over the last three years how many of each of the following situations have you performed legal services or advice for?
2. What are the three largest mergers your firm has handled over the past five years by dollar size?
3. What are the three largest acquisitions your firm has handled over the past five years by purchase price?
4. Do you have written procedures in effect that address insider trading issues?
5. Have you ever provided any of these Merger and Acquisitions related services?
6. Have any of the following occurred in the past three years?

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Partner, Owner, Officer or Principal (Print Name):

Title:

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Dated:

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Lawyers' Professional Liability Insurance

(N/A)

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Name of Applicant's Firm:		Policy Number:	
DBA:		Phone / Fax:	
Contact Email:		Website Address:	

II. ENTERTAINMENT INFORMATION

1. How many entertainment clients do you have? _____
2. Does the firm ever render any type of tax advice? Yes No
If **Yes**, provide examples: _____
3. Do you have authority to write checks for clients? Yes No
If **Yes**, provide examples: _____
4. Does the firm ever act as an intermediary between clients? Yes No
If **Yes**, provide examples: _____
5. Does the firm ever make or recommend that the client make any particular investment? Yes No
If **Yes**, provide examples: _____
6. Has the firm ever been involved in making a motion picture or any other entertainment projects? Yes No
If **Yes**, provide examples: _____
7. Does the firm ever have control over any entertainment client's property? Yes No
If **Yes**, provide examples: _____
8. Do you have business relationships with any entertainment clients other than legal services? Yes No
If **Yes**, provide examples: _____
9. Has any attorney at the firm acted as a sports agent? Yes No
If **Yes**, what percentage of the firm's total practice was accounted for? _____
10. Has the firm ever represented an entertainment client who has gone insolvent or filed bankruptcy? Yes No
11. Do any firm attorneys ever negotiate terms of merchandising, publishing, royalties, licensing, or financing? Yes No
If **Yes**, when? _____
12. Has the firm ever been named defendant in any civil litigation related to entertainment? Yes No
If **Yes**, please explain: _____
13. Does the firm ever provide services to more than one party in a negotiation? Yes No
If **Yes**, on what occasion? _____
14. Has any attorney ever issued an opinion related to clemence of rights issues or licensing matters? Yes No
If **Yes**, on what occasion? _____

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Name of Applicant's Firm:		Policy Number:	
DBA:		Phone / Fax:	
Contact Email:		Website Address:	

II. ENVIRONMENTAL INFORMATION

Please include a schedule of all firm attorneys who practice environmental law. Include their names, years of experience, and years at firm.

- In the last five years how many environmental opinion letters has your firm issued? _____
 Have any securities been mentioned? Yes No
- Have any of your firm's clients been involved in any polluted or contaminated properties with cleanup costs over \$1,000,000? Yes No
 If Yes, provide examples: _____
- Have any clients of your firm been involved in any properties on the NPL or any state property lists? Yes No
 If Yes, which lists? _____
- Has any client been involved in the sale, lease or purchase of contaminated or polluted property? Yes No
 If Yes, provide examples: _____
- Has any client of the firm been named a responsible party on a polluted or contaminated site by any regulatory agency? Yes No
 If Yes, provide examples: _____
- Has any client of your firm ever been involved or associated, in any way, with "Brownfield"? Yes No
 If Yes, please explain: _____

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Lawyers Professional Liability Insurance

I. GENERAL INFORMATION			
Name of Applicant's Firm		Policy Number	
DBA		Phone / Fax	
Contact Email		Website Address	

1. Please complete the below for the past 12 months for the Family Law Practice that you provide.

Family Law Area	% of Revenue	# of Cases
Divorce (assets < \$1M)		
Divorce (assets \$1M - \$5M)		
Divorce (assets > \$5M)		
Adoption		
Assisted Reproductive Technology		
Surrogacy		
Child Support		
Custody		
Other: Please Describe		
	(Total must equal 100%) _____	

Partner, Owner, Officer or Principal (Print Name):

Title:

Partner, Owner, Officer or Principal (Signature):

Dated:

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For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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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 commits a fraudulent insurance act.

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Contact Email:		Website Address:	

II. FINANCIAL INSTITUTIONS INFORMATION

Please include a schedule of all firm attorneys who practice securities law. Include their names, years of experience, and years at firm.

Please report: all securities listed under the securities act of 1993, all municipal bonds, and all other private placements and state securities.

1. What steps does your firm take to maximize due diligence under federal and state securities acts? _____
2. Has any lawyer at the firm represented or advised any financial institutions that have gone insolvent? Yes No
If Yes, which institutions? _____
3. Has any employee of the firm ever served as officer, director, or member of any financial institution? Yes No
If Yes, which institutions? _____
4. Does any attorney at your firm have equity in any financial institution? Yes No
If Yes, which institutions? _____
5. Has the firm or any attorney ever been the subject of an investigation by any regulatory agency? Yes No
If Yes, when? _____
6. Does any attorney at your firm currently know anything that could lead to an investigation by any regulatory agency? Yes No
7. Has the firm or any attorney ever been named as the defendant in any civil litigation related to any financial institution? Yes No
8. List all controls prohibiting attorneys from participating in the securities process: _____

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Contact Email		Website Address	

1. Please provide the law firm's Intellectual Property practice by specified areas.

Litigation Plaintiff:	_____ %	Litigation Defendant:	_____ %
Domestic Copyright:	_____ %	Foreign Copyright:	_____ %
Domestic Trademark:	_____ %	Foreign Trademark:	_____ %
Patent Infringement Counseling:	_____ %	Patent Research/Filing & Registration:	_____ %
Domestic Patent Prosecution:	_____ %	Foreign Patent Prosecution:	_____ %
Other Intellectual Property Litigation:	_____ %		

2. Please provide information for any attorney(s) handling Intellectual Property matters for the applicant law firm.

Attorney Name	Years of Experience in IP	Member of Patent Bar?	% of Time Devoted to IP Practice
		<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	

3. Please provide the law firm's revenues associated with Intellectual Property practice in the following industry during the past 12 months.

Artists/Authors/Musicians:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Biotechnical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Broadcasters/Publishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Chemical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Computer Technical (Software, Hardware, Including Semiconductors):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Electrical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Energy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Higher Education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Mechanical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Manufacturing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Medical Devices:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Pharmaceutical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Telecommunications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revenues: \$ _____

 4. Does the law firm refer clients to other law firms or act as co-counsel with other law firms with respect to any Intellectual Property matters? Yes No

If Yes, what is the percentage of cases? _____ %

If Yes, provide the Areas of Practice: _____

Partner, Owner, Officer or Principal (Print Name):

Title:

Partner, Owner, Officer or Principal (Signature):

Dated:

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APPLICABLE IN ALABAMA:

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.

APPLICABLE IN COLORADO:

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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

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 Insured.

APPLICABLE IN FLORIDA:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

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 commits a fraudulent insurance act.

APPLICABLE IN MARYLAND:

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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA:

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

APPLICABLE IN OHIO:

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

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.

APPLICABLE IN WASHINGTON AND VIRGINIA:

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.

APPLICABLE IN ALL OTHER STATES:

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Lawyers' Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION

Table with 4 columns: Name of Applicant's Firm, Policy Number, DBA, Phone / Fax, Contact Email, Website Address.

II. OIL / GAS / MINERALS INFORMATION

Please include a schedule of all firm attorneys who practice oil/gas/mineral law. Include their names, years of experience, and years at firm.

- 1. List the five largest oil/gas/mineral clients by revenue: 1) \$_____, 2) \$_____, 3) \$_____, 4) \$_____, 5) \$_____
2. Has any firm attorney represented more than one party of interest in the sale of an oil/gas/mineral related parcel of land?
3. Has anyone ever represented by the firm been declared insolvent?
4. Are any attorney's board certified in oil/gas/mineral law?
5. What percentage of your practice does oil/gas/mineral law represent?
6. Has your firm ever represented any regulatory agency?

III. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed.

It is further agreed that, if in the time between the submission of this Application and the requested are for coverage to be effective; the Insured becomes aware of any information which would change the answer furnished in response to the questions of Application, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

❖ Must be signed by a Principal, Partner, Officer or Director

Partner, Owner, Officer or Principal (Print Name):

Title:

Partner, Owner, Officer or Principal (Signature):

Dated:

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION FORM IS PROPERLY SIGNED AND DATED.

Please submit this Application Form including appropriate documentation to:

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Lawyers Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
Name of Applicant's Firm		Policy Number	
DBA		Phone / Fax	
Contact Email		Website Address	

1. What is the average number of years of experience working in this area of law? _____
2. What is the average number of cases handled per year? _____
3. What is the number of cases handled during the past 12 months? _____
4. Complete the percentage of cases the law firm handles for the following areas of practice:
 - Bad Faith Litigation Against Insurance Carriers: _____ %
 - Bodily Injury/Property Damage (Auto, Slip & Fall, Etc.) _____ %
 - Class Action/Mass Tort* _____ %
 - Medical Malpractice** _____ %
 - Consumer Class Action _____ %
 - Professional Liability (Lawyers, Accountants, Architects, Etc.)*** _____ %
 - Product Liability**** _____ %
 - Workers Compensation _____ %
 - Other (please explain): _____ %
5. Has the law firm participated in any Class Action work in the past 5 years? [] Yes [] No
6. What is the average value of Plaintiff cases handled by the law firm in the past 5 years? \$ _____
7. What is the largest value of Plaintiff cases handled by the law firm in the past 5 years? \$ _____
8. What is the percentage of cases settled before trial? _____ %
9. Describe the law firm's procedures for tracking the Statute of Limitations on each Plaintiff case:

10. Provide the name and position of the individual(s) designated to track the Statutes of Limitations on Plaintiff cases:

11. Please answer the following in regard to Class Action/Mass Tort:

Number of cases certified in the past 3 years: _____	Average value of cases: \$ _____
Number of cases pending waiting to be certified: _____	Average value of cases: \$ _____

 For each case above, please provide a description including:
 - The number of total class members.
 - The actual or an estimated value of the case.
 - The defendant and the alleged cause of action.
 - Whether the firm is a lead counsel, co-counsel or other relationship to the case.
 - The attorney(s) in the law firm handling the case and brief description of experience.

Plaintiff Litigation Supplemental Application

12. Please answer the following in regard to Product Liability:

Number of cases in the past 3 years: _____ Average value of cases: \$ _____
 Number of cases pending: _____ Average value of cases: \$ _____

For each case above, please provide a description including:

- The alleged defective product or alleged cause of action.
- The actual or an estimated value of the case.
- The states and number of Plaintiffs involved.

13. Please answer the following in regard to Professional Liability:

Number of cases in the past 3 years: _____ Average value of cases: \$ _____
 Number of cases pending: _____ Average value of cases: \$ _____

For each case above, please provide a description including:

- The alleged cause of action/malpractice.
- The actual or an estimated value of the case.
- The states and number of Plaintiffs involved.

14. Please answer the following in regard to Medical Malpractice:

Number of cases in the past 3 years: _____ Average value of cases: \$ _____
 Number of cases pending: _____ Average value of cases: \$ _____

For each case above, please provide a description including:

- The alleged cause of action/malpractice.
- The actual or an estimated value of the case.

 Partner, Owner, Officer or Principal (Print Name):

 Title:

 Partner, Owner, Officer or Principal (Signature):

 Dated:

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Lawyers' Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION

Name of Insured:		Policy Number:	
DBA:		Phone / Fax:	
Contact Email:		Website Address:	

II. REAL ESTATE INFORMATION

1. Lawyers engaged in Real Estate Practice:

Lawyer Name	Real Estate Practice Billable Hours from Most Recent 12 Months	Billable Hours Prior 12 Months	Years of Real Estate Experience	Hours of CLE in this Area From Most Recent 12 Months

2. What percentage of the firm's real estate practice comes from each of the following areas:

(Must total 100%)

Real Estate Areas:	Current Year	Previous Year
a. Residential Title searches, rendering of title opinion and other title work		
b. Commercial Title searches, rendering of title opinions and other title work		
c. Residential Closings – representation of borrowers		
d. Residential Closings – representation of lenders		
e. Commercial Closings – representation of borrowers		
f. Commercial Closings – representation of lenders		
g. Residential Land Use, Zoning		
h. Commercial Land Use, Zoning		
i. Eminent Domain		
j. Landlord / Tenant		
k. Construction Work and Mechanic's Liens		
l. Condominiums/Cooperatives/Town Homes (including conversion)		
m. Financing/Loan Workouts		
n. Land Use/Development		
o. Mortgages/Foreclosures - Residential		
p. Mortgages/Foreclosures - Commercial		
q. Purchase and Sale – Residential		
r. Purchase and Sale – Commercial		
s. Other (please describe):		

3. During the past twelve months, how many transactions did the firm handle that can be classified as:

- a. Residential Real Estate: _____ %
 b. Commercial Real Estate: _____ %

4. What is the average value of the transactions indicated above in question 4.?

- a. Residential Real Estate: \$ _____
 b. Commercial Real Estate: \$ _____

III. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant’s knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Supplemental Disclosure form shall form the basis of the contract should Golden Bear Insurance Company approve coverage and should the Insured be satisfied with the Golden Bear Insurance Company quotation.

It is further agreed that, if in the time between submission of this Application and the requested are for coverage to be effective; the Insured becomes aware of any information which would change the answer furnished in response to the questions of Application, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

❖ **Must be signed by a Principal, Partner, Officer or Director**

Partner, Owner, Officer or Principal (Print Name):

Title:

Partner, Owner, Officer or Principal (Signature):

Dated:

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Please submit this Application Form including appropriate documentation to:

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Lawyers' Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
Name of Applicant's Firm:		Policy Number:	
DBA:		Phone / Fax:	
Contact Email:		Website Address:	

II. TITLE AGENCY INFORMATION

- Title Agency Name: _____
 Street Address _____
 City _____ State _____ Zip _____
- If there are other locations, please provide the above information for each location on an attachment.
- Applicant is: Individual Corporation
- Date Title Agency began operations: _____
- Total number of title agency staff: _____

III. TITLE AGENCY OPERATIONS

- Total annual gross revenue for the past twelve (12) months: \$ _____
- What is the approximate percentage breakdown of your total gross revenue for the past twelve (12) months for the following categories of real estate:

Existing residences:	_____ %
Existing commercial properties:	_____ %
Construction/development properties:	_____ %
Agricultural or raw land:	_____ %
Oil/gas or other deposits on property:	_____ %
Other (please describe):	_____ %
Total:	100 _____ %

- Carriers represented – list all title insurers in which business is or has been placed in the last five (5) years. Include any bar-related title insurer or fund:

Name of Title Insurer	Date First Represented	Current Annual Premium Volume	Underwriting Authority (Yes or No)

- Please answer each of the following questions "Yes" or "No". Attach a detailed explanation of any "Yes" answers.
 - Has the name of the agency changed in the past three (3) years? Yes No
 - Does any person or entity with any ownership interest in the title agency also own, control, or operate any title insurer, contracting or construction business, financial institution, or real estate development company? Yes No
 - Has any title insurer ever made a claim against your agency? Yes No
 - Has any person at your title agency ever had any professional or business license of any kind suspended or revoked? Yes No
 - Have any claims or suits been made during the past five (5) years against the Applicant, its predecessor(s) in business or any of the officers or employees of the Applicant? Yes No
 - Is the Applicant, its predecessor(s) in business, or any officer or employee of the Applicant aware of any situation, Circumstances, act, error or omission which may result in a claim made against them? Yes No

IV. INSURANCE COVERAGE

1. Prior Coverage – list all title agents professional liability insurance carried during the past two (2) years. If none, state “None.”

Insurance Company	Limit of Liability	Deductible	SIR	Premium	Policy Period

V. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of the applicant’s knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Supplemental Disclosure form shall form the basis of the contract should Golden Bear Management Corporation approve coverage and should the Insured be satisfied with the Golden Bear Insurance Company quotation.

It is further agreed that, if in the time between submission of this Application and the requested are for coverage to be effective; the Insured becomes aware of any information which would change the answer furnished in response to the questions of Application, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

❖ **Must be signed by a Principal, Partner, Officer or Director**

Partner, Owner, Officer or Principal (Print Name):

Title:

Partner, Owner, Officer or Principal (Signature):

Dated:

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Lawyers Professional Liability Insurance

(N/A)

I. GENERAL INFORMATION			
Name of Applicant's Firm		Policy Number	
DBA		Phone / Fax	
Contact Email		Website Address	

1. Is there a member of the firm that is a certified Legal Specialist in estate planning and/or taxation? [] Yes [] No
2. What services does the law firm provide?
- Preparation of Wills _____ %
 - Estate Planning _____ %
 - Probate _____ %
 - Trust Administration _____ %
 - *Corporation Formation _____ %
 - *Tax Opinions _____ %
 - *Taxation _____ %
 - Asset Protection _____ %
 - Litigation _____ %
 - Guardianship _____ %
 - Medicaid Planning _____ %
 - Other (Describe) _____ %

3. List the top 5 Trusts/Estates the firm provided legal services for during the past 5 years:

	Name of Estate/Trust	Date Established	Attorney	Trustee/Personal Rep/Executor?	Description of Services	Annual Firm Billings	% of Total Billings	Date Services Began
1.				[] Yes [] No				
2.				[] Yes [] No				
3.				[] Yes [] No				
4.				[] Yes [] No				
5.				[] Yes [] No				

- _____ % of legal services in total assets less than \$1M
- _____ % of legal services in total assets between \$1M - \$5M
- _____ % of legal services in total assets between \$5M - \$10M
- _____ % of legal services in total assets greater than \$10M

4. Do you always use a written agreement that clearly defines the scope of any estate or trust services provided? [] Yes [] No
5. Do you have a secondary review by an attorney reviewing all trust and estate documents drafted by a firm attorney? [] Yes [] No
*If **No**, explain how the firm reviews these documents for accuracy/completeness.* _____
-
6. Do you engage in business formation, management or other business transactions? [] Yes [] No
*If **Yes**, please provide details:* _____

7. Do you serve as Executor or personal representative/Administrator or Trustee? [] Yes [] No
*If **Yes**, please provide list by attorney name with: Name of clients, approximate estate/trust value and services provided.*
8. How does the firm handle tax advice in conjunction with estate and trust work?
 Outsources all tax works
 Outsources most tax works but retains some
 Employs accountants who handles all tax matters
 Employs tax attorney(s) who handle all tax matters
 Employs tax attorney(s) who advises on all tax matters
 Nature of firm's estate & Trust work does not require tax advice
 Other: _____
9. How does the firm stay up to date on changes to the tax code? Please provide details.

10. Does the firm obtain a certificate of insurance for outsourced work? [] Yes [] No
11. Do you accept gifts or bequests from Estates/Trust clients? [] Yes [] No
12. Do services for Estates/Trust clients include investments decisions in securities transaction, real estate transaction or other investment transactions? [] Yes [] No
*If **Yes**, please provide details.* _____
13. Does the firm, or any member of the firm, have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds for clients? If Yes, please provide details including if dual signatures are required for all checks. [] Yes [] No
*If **Yes**, please provide details including if dual signatures are required for all checks.* _____
14. Do you receive any compensation in purchase or sale of investments to or on behalf of any Estate or Trust? [] Yes [] No
15. Do you perform audits for Estate or Trusts? [] Yes [] No
*If **Yes**, how often are audits performed?* _____

 Partner, Owner, Officer or Principal (Print Name):

 Title:

 Partner, Owner, Officer or Principal (Signature):

 Dated:

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