



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY CLAIM FIRST MADE OR DEEMED MADE AND REPORTED AGAINST THE INSURED PERSONS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES.

1. A. Name of **Applicant**: _____
Partnership: _____ Professional Corporation: _____ Other: _____
If "Other," please describe the **Applicant's** form of business organization in a separate addendum.

B. Address: _____
City: _____
State: _____ ZIP Code: _____

C. Telephone number: () _____ Fax number: () _____

D. Branch office address(es) and dates of organization (use separate addendum if necessary):

E. Date the **Applicant** commenced business: _____

F. Total number of lawyers: Current year: _____ (as of _____)
Prior years: _____ (19____) _____ (19____) _____ (19____)

G. Current number of: Partners/officers/shareholders: _____
Associates/employed lawyers: _____
Counsel/of counsel: _____

H. Please provide the following information with respect to each attorney to be insured (use separate addendum if necessary):

Name	D/C*	Branch	Bar Membership(s) and Admission Date(s)	Practice Area(s)	Prior Firm(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Designation code: P Partner
S Shareholder or officer of professional corporation
C Counsel or of counsel
A Associate or employed lawyer
O Other (please describe)

Please attach a copy of the **Applicant's** current letterhead to this Application.

2. A. Has the name of the **Applicant** changed or has any other firm or organization amalgamated with or been merged into the **Applicant** within the ten (10) years prior to the date of this Application? Yes No
- B. Is there any pending change in the name of the **Applicant** or pending or contemplated amalgamation or merger? Yes No
 If "Yes" to either 2.A or 2.B, please give full particulars in a separate addendum.
3. Please complete the Firm Financial Information Supplement to this Application.
4. Please provide the following information regarding each practice area that has accounted for two percent (2%) or more of the **Applicant's** gross billings in the current fiscal year to date or any of the past three (3) fiscal years:

Practice Area	Description of Legal Services and Representative Clients	Approximate # of Attorneys in Area*	Approximate % of Gross Billings Last Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Need not equal total number of attorneys where attorneys perform work in a number of areas.

- A. If the **Applicant** represents, or has represented any financial institution, please complete the Financial Institutions Supplement to this Application.
- B. If the **Applicant** represents, or has represented, any party in connection with the public offering or private placement of securities, please complete the Securities Practice Supplement to this Application.

FIRM MANAGEMENT

5. In a separate addendum, please describe the **Applicant's** organization and management structure (including size, method of election, and term(s) of service for the **Applicant's** managing body(ies) and description of individual practice-specific departments).

INTERNAL POLICIES AND PROCEDURES

6. Please describe any internal legal practice procedures and/or risk management manual(s) maintained by the firm and the circulation of such manual(s). Please provide copies of such manual(s) if available.

7. Please describe the **Applicant's** policies/procedures with respect to the filing of suits for the collection of fees.

8. Please describe the **Applicant's** policies/procedures for responding to client complaints regarding professional services provided by the firm or fees charged.

9. Has any attorney listed in the response to Question 1.H. been disciplined, censured, reprimanded, suspended, or placed on probation by any state bar, judicial body, or regulatory agency? Yes No
 If "Yes," please provide full particulars in a separate addendum.

10. A. Does the **Applicant** maintain a policy with respect to service by attorneys as officers or directors of for-profit business enterprises other than the **Applicant**? Yes No

If such service is permitted, please describe the procedure for review/approval of the acceptance of such positions in a separate addendum. Please also describe the circumstances in which such service is approved or rejected, and any conditions/restrictions imposed on such service.

B. If any attorney serves as an officer or director, or controlling fiduciary, of any for-profit business enterprise other than the **Applicant**, please provide the following information:

Attorney	Position	Business Enterprise	Client of Applicant? (Y/N)	Does Enterprise Maintain D&O Insurance? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. A. Does the **Applicant** maintain a policy with respect to its attorneys holding equity interests in, or entering into other commercial relationships with, for-profit business enterprises that are clients of the **Applicant** (or that are involved in business transactions with clients of the **Applicant**)? Yes No
 If "Yes," please describe such policy(ies) in a separate addendum.

B. If any attorney, individually or together with other attorneys employed by or affiliated with the **Applicant**, holds an equity interest of five percent (5%) or more in any publicly traded company, or an equity interest of more than ten percent (10%) in any privately held business enterprise, other than the **Applicant**, to which the **Applicant** has provided professional services, please provide the following information:

Attorney	Business Enterprise	% Ownership	Publicly Traded? (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Client Intake and Conflicts Avoidance

In a separate addendum, please describe the procedures applied prior to the acceptance of a new client or a new engagement for an existing client, and all procedures applied to identify actual or potential conflicts of interest. Is it the **Applicant's** practice to use engagement letters for new clients? For new engagements by existing clients? If such letters are used, what subject matters are included? (Provide sample engagement letter if available.)

13. Legal Opinions

In a separate addendum, please describe the **Applicant's** process/procedures for internal approval of opinion letters.

14. Docket Control Procedures

In a separate addendum, please describe the **Applicant's** docket control system and procedures (including description of computerized and/or manual docket control systems).

15. Training and Supervision

- A. Does the **Applicant** maintain a formal training program for new lawyers as to firm procedures, local practice rules, and rules of professional conduct? Yes No
 If "Yes," please describe such program(s) in a separate addendum.

- B. Does the **Applicant** maintain internal Continuing Legal Education (CLE) requirements? Yes No

- C. Are all attorneys subject to periodic, formalized performance review?
 Partners/of counsel Yes No
 Associates Yes No

If "Yes," please describe the review procedure(s) for partners/of counsel and associates in a separate addendum.

COVERAGE AND CLAIMS HISTORY

16. MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER THIS QUESTION.

- Has any lawyers professional liability insurer that has issued coverage to the **Applicant** ever canceled, refused to renew, or reduced limits on renewal of such coverage? Yes No
 If "Yes," please give full particulars in a separate addendum.

- 17. Please list all primary and excess lawyers professional liability insurance policies carried by the **Applicant**, or any predecessor firm, for each of the past five (5) years.

Policy Period	Insurer	Policy No(s).	Limits of Liability	Retention	Annual Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 18. After inquiry, have any claims or suits been made against the **Applicant** or any partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney of the **Applicant** or any past partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney of the **Applicant** or its predecessors in business in the past five (5) years? Yes No
 If "Yes," please complete a Claim Summary Supplement for each such claim or suit.

- 19. After inquiry, is any partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney of the **Applicant** aware of any circumstance, allegation, or contention as to any incident which may result in a claim being made against the **Applicant** or any of its past or recent partners/officers/shareholders, "counsel" or "of counsel," or associates or employed attorneys of the **Applicant** or its predecessors in business? Yes No

If "Yes," please complete a Claim Summary Supplement for each such circumstance. Without prejudice to any other rights and remedies of the Underwriter, any Claim based on or directly or indirectly arising out of or resulting from any claim, suit, circumstance, allegation, or contention required to be disclosed in response to Question 18 or 19 is excluded from the proposed insurance.

COVERAGE REQUESTED

20. Requested Policy Inception Date: _____

21. Coverage limits and retention requested:

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY SHALL APPLY ONLY TO "CLAIMS" MADE (OR DEEMED MADE) AND REPORTED TO THE UNDERWRITER DURING THE "POLICY PERIOD" OR TO "CLAIMS" MADE AND REPORTED TO THE UNDERWRITER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF DEFENSE AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR THE COSTS OF DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR LIMIT EXCEEDS THE LIMIT OF LIABILITY IN THIS POLICY; AND
- (III) THE DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: 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 DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW 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 ALSO 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 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 OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT	AUTHORIZED AGENT <i>(Please Print Name)</i>	
AUTHORIZED AGENT <i>(Signature)</i>	TITLE	DATE

PRODUCED BY <i>(Insurance Agent)</i>	INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.	
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>		
E-MAIL ADDRESS:		

SUBMITTED BY <i>(Insurance Agency)</i>	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>		

**EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
FIRM FINANCIAL INFORMATION SUPPLEMENT**

Name of **Applicant**: _____

This document is part of the Application for Lawyers Professional Liability Insurance.

Please supply the following information and the source financial documents listed below. For items 1, 2, and 3, supply information for your latest completed fiscal year and the prior two fiscal years. For items 4, 5, and 6, please supply the amount at year end.

- | | Latest Fiscal Year
(ending __/__/__) | 1st Prior Fiscal Year
(ending __/__/__) | 2nd Prior Fiscal Year
(ending __/__/__) |
|--|---|--|--|
|--|---|--|--|
- 1. Gross Revenues:**
Cash receipts from professional services, excluding expense reimbursements.
 - 2. Net Income:**
Total net income for distribution to active equity partners or shareholders.
 - 3. Total Debt (Net present value):**
The sum of long- and short-term debt to all creditors. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list each obligation and its maturity date.)
 - 4. Lease Obligations (Net present value):**
Please include all leases — e.g., for real estate, furnishings, office equipment, etc. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list all leases and show payment due by year for each.)
 - 5. Obligations to Former Partners/Shareholders (Net present value):**
Total of all payments due to retired partners/shareholders or former partners/shareholders, for whatever reasons. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, please list obligations per year for each individual.)
 - 6. Partner or Shareholder Equity:**
Total partner or shareholder equity.

Please provide latest fiscal year financial statements (income statement and balance sheet), audited if available, with this supplement.

I understand that information submitted herein becomes part of the Applicant's Application for Lawyers Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Signature: _____ **Date:** _____
(Managing Partner or Director of Finance)

Print name: _____ **Title:** _____

**EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
FINANCIAL INSTITUTIONS SUPPLEMENT**

Name of **Applicant**: _____

This document is part of the Application for Lawyers Professional Liability Insurance. (If this Supplement does not apply to the **Applicant**, please check here: Does Not Apply.)

Instructions:

This form is to be completed with respect to each Financial Institution to which the **Applicant**, any lawyer(s) named in the response to Question 1.H., or any former partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney while acting on behalf of the **Applicant**, has provided legal services during the past five (5) years. The term "Financial Institution" means any bank, savings and loan association, credit union, or other depository institution; or service company, subsidiary, or holding company of such an institution.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a Claim Summary Supplement if one is required in connection with the **Applicant's** response to Questions 18 or 19.

1. Name and address of Financial Institution:

2. Date(s) services provided: _____

3. Type(s) of legal services provided:

4. Is the Financial Institution (check any applicable):

In receivership or liquidation: _____ Year: _____
In conservatorship: _____ Year: _____

Presently operating subject to a supervisory agreement, consent agreement, or other regulatory limitation on its operations: _____

5. Has any attorney or former attorney of the **Applicant** served as a director or officer of the Financial Institution?

Yes No

Name of attorney(s), position(s) held, and dates of service:

6. Has any attorney or former attorney of the **Applicant** held an equity interest in the Financial Institution?
 Yes No

Name of attorney(s), percentage of equity owned, dates of ownership:

7. To the **Applicant's** knowledge, has there been any allegation of fraud or negligence against the Financial Institution, its directors or officers, or any outside professional who provided services to the Financial Institution by the Resolution Trust Corporation ("RTC"), the Federal Deposit Insurance Corporation ("FDIC"), the Office of Thrift Supervision ("OTS"), the Office of the Comptroller of the Currency ("OCC"), the Federal Reserve Board ("FRB"), the former Federal Home Loan Bank Board ("FHLBB"), the former Federal Savings and Loan Insurance Corporation ("FSLIC"), the Securities and Exchange Commission ("SEC"), or any other federal or state agency, instrumentality, or corporation?
 Yes No

If "Yes," please provide full particulars in a separate addendum.

8. To the **Applicant's** knowledge, has the **Applicant** or any attorney or former attorney of the **Applicant** received a subpoena in connection with the Financial Institution from any court or the RTC, the FDIC, the OTS, the OCC, the FRB, the former FHLBB, the former FSLIC, the SEC, or any other federal or state agency, instrumentality, or corporation?
 Yes No

If "Yes," please provide full particulars in a separate addendum.

9. Has the **Applicant** provided professional services to the FDIC or the RTC in connection with the Financial Institution?
 Yes No

If "Yes," please describe the type of matter(s) and the dates of representation in a separate addendum.

I understand that information submitted herein becomes part of the Applicant's Application for Lawyers Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Authorized Signature of Applicant

Date

Print Name

Title

**EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
SECURITIES PRACTICE SUPPLEMENT**

Name of **Applicant**: _____

This document is part of the Application for Lawyers Professional Liability Insurance. (If this Supplement does not apply to the **Applicant**, please check here: Does Not Apply.)

Instructions:

Please respond to the following questions if the **Applicant** or any present or former partner/officer/shareholder, "counsel" or "of counsel," or associate or employed attorney while acting on behalf of the **Applicant**, has provided legal services during the past five (5) years in connection with any Securities-Related Representation, whether as counsel to the issuer, underwriter, or purchaser of securities, or as special counsel rendering a legal opinion in connection with a Securities-Related Representation, or otherwise. The term "Securities-Related Representation" means representation involving or relating to a security, as that term is understood and applied in the context of federal or state securities laws and regulations, in connection with: (1) any transaction of any nature whatsoever, public or private, including, without limitation, an offering, issuance, sale, resale, purchase, repurchase, or distribution, or the registration or filing of reports, or delisting; or (2) the issuance or publication of statements or reports by a public or private corporation to shareholders and/or the public.

Note: Information provided herein does not constitute notice of a claim or of a circumstance that might give rise to a claim; nor does it constitute a Claim Summary Supplement if one is required in connection with the **Applicant's** response to Questions 18 or 19.

1. To the **Applicant's** knowledge, has any issuer involved in any matter that is the subject of any Securities-Related Representation become insolvent or entered into any liquidation or reorganization proceeding since the date of such Securities-Related Representation?
 Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the subsequent insolvency, liquidation, or reorganization in a separate addendum.

2. To the **Applicant's** knowledge, has any claim or allegation of fraud, negligence, or breach of duty been asserted against any party in connection with any matter that is the subject of any Securities-Related Representation?
 Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the claim or allegation in a separate addendum.

3. To the **Applicant's** knowledge, has any person or entity received a subpoena from the SEC or any other federal or state agency or instrumentality in connection with any matter that is the subject of any Securities-Related Representation?
 Yes No

If "Yes," please provide full particulars regarding the Securities-Related Representation and the date and subject of the subpoena in a separate addendum.

I understand that information submitted herein becomes part of the Applicant's Application for Lawyers Professional Liability Insurance and is subject to all of the representations and conditions set forth therein.

Authorized Signature of Applicant

Date

Print Name

Title

**EXECUTIVE RISK INDEMNITY INC.
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
CLAIM SUMMARY SUPPLEMENT**

Name of **Applicant**: _____

This document is part of the Application for Lawyers Professional Liability Insurance. (If this Supplement does not apply to the **Applicant**, please check here: Does Not Apply.)

Instructions:

This form is to be completed if the **Applicant** or any lawyer(s) named in response to Question 1.H. is currently or has been involved in any claim or suit within the past five (5) years, or is aware of any circumstance, allegation, or contention that might give rise to a claim or suit as indicated in either instance by a "Yes" answer to Questions 18 or 19. Please complete one Claim Summary Supplement for each claim or suit, or circumstance, allegation, or contention. Use separate sheets if necessary to provide complete responses.

1. Full name of individual lawyer(s) and firm (if other than the **Applicant**) involved in claim or suit, or circumstance, allegation, or contention:

2. Name of claimant(s):

3. Additional defendants:

4. Date of alleged error or misconduct: _____

5. To what insurance company was this claim or suit, or circumstance, allegation, or contention reported?

6. Date of report to insurance company: _____

7. Description of claim or suit, or circumstance, allegation, or contention and current status. If claim has been resolved, provide total defense costs, settlement(s), or judgment(s) incurred (including amounts within any self-insured retention):

8. What action has been taken by the **Applicant** to prevent a recurrence of a similar claim or circumstance?

I understand that the information submitted herein becomes part of the Applicant's Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions set forth therein. I also understand that there will be no coverage afforded under the proposed insurance for any matter(s) listed in response to this supplement.

Authorized Signature of Applicant

Date

Print Name

Title