



Aon Attorneys Advantage

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As used herein, Company refers to a member insurance company of Axis Insurance

Lawyers Professional Liability Insurance New Business Application

THE POLICY FOR WHICH YOU ARE APPLYING IS A CLAIMS MADE POLICY. IT APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD AND ANY APPLICABLE EXTENDED REPORTING PERIOD, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

CLAIM EXPENSES MAY REDUCE AND EXHAUST THIS POLICY'S LIMITS OF LIABILITY AND MAY BE SUBJECT TO THE POLICY'S DEDUCTIBLE. PLEASE DISCUSS THIS WITH YOUR INSURANCE AGENT OR BROKER.

1. Applicant Firm Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Website: _____
 City: _____ E-mail: _____
 State: _____ Zip: _____

Applicant Firm is: Proprietorship Partnership Corporation Association LLP LLC Other

Year Applicant Firm Established: _____ Primary Contact: _____ E-Mail: _____

Does the Applicant Firm have any additional office locations? Yes No
If, "yes," please explain by separate attachment.

Has the Applicant Firm merged with or acquired any firms in the last 3 years? Yes No
If, "yes," please explain by separate attachment.

2. Limits Requested — Per Claim/Aggregate

\$100,000/\$300,000 \$250,000/\$750,000 \$500,000/\$1,000,000 \$1 million/\$2 million \$2 million/\$2 million
 \$250,000/\$500,000 \$500,000/\$500,000 \$1 million/\$1 million \$1 million/\$3 million Other _____

3. Deductible Requested

\$0 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 Other _____
 Deductible Type: Damages only Damages and Claim Expenses Aggregate

4. Personnel — List all Lawyers to be covered (do not include "of counsel," independent contractors or per diem lawyers)

Name	Status Designation Code*	State(s) Admitted to Practice	Year First Admitted to Bar	Date of Hire	Individual Prior Acts Exclusion Date
1.					
2.					

* S—sole proprietor P—partner/member E—employed lawyer PT—part-time lawyer working less than 26 hours per week

Note: Attach separate sheet if necessary.

Total hours of service provided to Applicant Firm per year by "Of Counsel," independent contractor/per diem lawyers _____

Total number of lawyers who left the Applicant Firm in the past year _____

Total hours of CLE per year _____

NON-LAWYER STAFF

Total Non-Lawyer Staff _____ Firm Administrator: Yes No

5. Area of Practice

Please indicate below the percentage of the Applicant Firm's gross revenues in the most recent fiscal year derived from each area of practice:

Group 1

Admiralty/Maritime _____%	Election & Campaign _____%
Administrative (Social Security Disability) _____%	ERISA/Employee Benefits/Executive Compensation _____%
Agricultural _____%	Employment _____%
Alternative Dispute (Arbitration/Mediation) _____%	Family _____%
Antitrust/Trade Regulation _____%	Governmental (Non-Contracts, Non-Lobbying) _____%
Appellate – Criminal _____%	Governmental Contracts _____%
Appellate – Civil _____%	Governmental Relations/Lobbying _____%
Aviation & Aerospace _____%	Healthcare (Non-Malpractice) _____%
Bankruptcy _____%	Immigration _____%
Business/Commercial – General and Contracts _____%	Indigent Legal Services _____%
Civil Litigation – Defense other than Insurance _____%	Insurance (Non-Defense) _____%
Civil Litigation – Insurance Defense _____%	International Trade _____%
Civil Rights _____%	Labor – Management _____%
Communications _____%	Labor – Unions _____%
Constitutional _____%	Military _____%
Construction _____%	Municipal (other than Securities) _____%
Corporate General _____%	Probate/Trust/Wills/Estates _____%
Criminal _____%	Tribal & Native Populations _____%
Education _____%	Workers Compensation/Defense _____%
Elder Law _____%	Workers Compensation/Plaintiff _____%

GROUP 1 SUB-TOTAL _____%

Group 2

Banking & Finance _____%	Investment Counseling _____%
Bonds _____%	Mergers & Acquisitions _____%
Civil Litigation – Legal Malpractice _____%	Natural Resources/Mining & Minerals/Oil & Gas/Energy _____%
Civil Litigation – Mass Tort/Class Action _____%	Real Estate – Residential _____%
Civil Litigation – Medical Malpractice _____%	Real Estate – Commercial _____%
Civil Litigation – Not Otherwise Classified _____%	Real Estate – Syndication/Development _____%
Civil Litigation – Other Malpractice _____%	Real Estate – Title Work _____%
Civil Litigation – Personal Injury _____%	Real Estate – Condo Offering _____%
Civil Litigation – Products Liability _____%	Real Estate – Foreclosure/Loan Workout _____%
Corporate Formation (other than M&A) _____%	Securities – Publicly Traded _____%
Debtor & Creditor/Collections _____%	Securities – Private Placement _____%
Entertainment/Sports/Fine Art/Media/Public Figures _____%	Tax – Individuals _____%
Environmental _____%	Tax – Opinions/Corporate _____%
Intellectual Property _____%	

Please complete the corresponding Area of Practice Supplemental application if any revenue in any section of “Group 2”

GROUP 2 SUB-TOTAL _____%

COMBINED TOTAL (MUST EQUAL 100%) _____%

- A. Does the Applicant Firm have any high-profile clients who are entertainers, sports figures or public officials? . . . Yes No
If “yes,” please complete the **Areas of Practice Supplemental Application** for **Entertainment** work.

- B. Does the Applicant Firm have discretionary investment authority for any clients? Yes No
If “yes,” please list the total number of clients. Number of clients: _____
Does any one client account for more than \$500,000? Yes No
Is the authority limited and in writing? Yes No

- C. In the last five (5) years, has any attorney with the Applicant Firm represented any financial institution; acted as SEC counsel, regulatory counsel or general counsel of any financial institution; acted as director, officer or committee member of or held any equity interest in any financial institution? (Financial Institution means any savings and loan association, bank, credit union, saving bank, banking and loan Association, commercial banking institution or any subsidiary or lending affiliate thereof.) Yes No
If “yes,” please complete the **Areas of Practice Supplemental Application** for **Financial Institutions**.

- D. Does any attorney with the Applicant Firm have any equity interest in, serve as director, officer, trustee (other than estate trusts), partner or employee of; exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? Yes No
If “yes,” please complete the **Outside Interests Supplemental Application**.

- E. In the last five (5) years, has any attorney with the Applicant Firm provided legal services in any way related to intellectual property matter that include patent infringement counseling, domestic or foreign patent prosecution, patent searches or filings? Yes No

6. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. ever had professional liability insurance cancelled or non-renewed? Yes No
If "Yes", please explain by attachment.
- B. ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, been convicted or plead guilty to a crime, or been refused admission to the Bar? Yes No
If "Yes", please explain by attachment.
- C. been the subject of a professional liability claim or suit in the last five (5) years? Yes No
- D. had knowledge of any circumstance, act, error, or omission that could result in a professional liability claim under this policy? Yes No
*If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.*

7. Firm Policies and Procedures

- A. Does the Applicant Firm:
 - Use **engagement letters** on all new matters? Yes No
 - Require clients to sign **engagement letters/agreements**? Yes No
 - Use **non-engagement and disengagement** letters? Yes No
 - Use any of the following **conflict avoidance** methods:
 - Oral/Memory? Yes No
 - Computer? Yes No
 - Conflict Committee? Yes No
 - Index File? Yes No
 - Update its **conflict avoidance** system at least weekly? Yes No
 - Cross-check **conflicts** by predecessor, merged or acquired firms? Yes No
 - Insist on obtaining a written waiver from its clients in order to perform on-going services when an **actual/potential conflict** exists? Yes No
 - Allow attorneys to **enter into business** with Applicant Firm clients? Yes No
 - Require **disclosure** if such relationships are permitted? Yes No
 - Maintain a **calendar system** using these methods:
 - Single Calendar Yes No
 - Dual Calendar Yes No
 - Tickler Cards Yes No
 - Computer Yes No
 - Master Listing Yes No
 - Use two individuals to maintain its **calendar system**? Yes No
 - Update its calendar system at least weekly? Yes No
 - Place ultimate responsibility for **calendar system** with a Applicant Firm lawyer? Yes No
- B. If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, etc.) Yes No
- C. What is the total number of hours of continuing legal education within the last year for all lawyers? _____
- D. How many times has the Applicant Firm sued a client for unpaid fees in the last 3 years? _____
- E. Does any single client account for more than twenty-five percent (25%) of the Applicant Firm's gross annual billings? Yes No
If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.
- F. What percentage of the Applicant Firm's billings are past due more than 90 days? _____ %
- G. Does the Applicant Firm share office space with any other law firm or attorney? Yes No
If "yes," check all that apply: Reception/Clerical File sharing

8. Prior Insurance

Current Prior Acts Exclusion date or Retroactive date _____.

Please list professional liability insurance carried by the Applicant Firm and predecessor firms over the last three (3) years:

Inception From (MM/DD/YY)	Expiration To (MM/DD/YY)	Insurance Company	Limits of Liability	Deductible	Premium

Is the applicant being covered by an Extended Reported Period Endorsement? Yes No
If "yes," please attach details.

9. Signature

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant Firm and all others to be insured, hereby,

- A. declares after diligent inquiry that the above statements and particulars are true and that no material facts have been omitted or misstated:
- B. understands and agrees that the completion of this application does not bind the Company to issue nor the Applicant Firm to purchase the insurance; and
- C. acknowledges that (1) this application will be the basis of the policy, if issued; (2) all written statements and material furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and (3) if the Company issues a policy, the Company will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into this application.

Sign & Date in ink.

Signature of Owner, Partner or Officer

Date

Name (please print)

Florida and New Hampshire Producers: Please provide your name and the additional information required by your state, as indicated below:

Producer Name: _____

Producer License Number (Florida only): _____

Producer Signature (New Hampshire only): _____

STATE FRAUD STATEMENTS

Alabama Fraud Statement

“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.”

Arkansas, Louisiana, Rhode Island, and West Virginia Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Colorado Fraud Statement

“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.”

District of Columbia Fraud Statement

“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 applicant.”

Florida Fraud Statement

“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.”

Kansas Fraud Statement

“An act committed by 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.”

Kentucky Fraud Statement

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

Maine Fraud Statement

“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.”

Maryland Fraud Statement

“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.”

New Jersey Fraud Statement

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

New Mexico Fraud Statement

“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.”

New York Fraud Statement

“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.”

Ohio Fraud Statement

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

Oklahoma Fraud Statement

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Oregon Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania Fraud Statement

“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.”

Puerto Rico Fraud Statement

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia and Washington Fraud Statement

“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.”

Claims Supplemental Application

Claims or Incidents

Complete one for each claim or incident.

A. Full name of individual(s) or firm involved: _____

B. Full name(s) of Claimant(s) or potential Claimant(s): _____

C. This is a Claim Suit Incident

D. Date and location of act, error or omission alleged or which may be alleged: _____

E. Date of Claim or suit: _____

F. Additional defendant(s) or potential defendant(s): _____

G. Present status of claim/incident: Open Closed

Claimant's settlement demand: \$ _____ Total paid including deductible: \$ _____

Defendant's offer for settlement: \$ _____ Indemnity paid: \$ _____

Insurer's Indemnity reserve: \$ _____ Expenses paid: \$ _____

Expenses paid to date: \$ _____

Expense reserve: \$ _____

H. Name(s) of Insurer(s) responding to this claim or incident: _____

I. Description of alleged act, error or omission upon which claim is or may be based: _____

J. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: _____

K. Explain what actions(s) have been taken to prevent recurrence of same or similar claims: _____

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

NOTICE: 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 violation.

Sign and date in ink

Signed by: _____ Title: _____

Print Name: _____ Date: _____

Area of Practice Supplement Application Plaintiff / Civil Litigation

N/A

1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law? _____
 2. Average number of cases these attorneys handle per year (per attorney): _____
 3. Indicate percentage of cases in the following categories:
 - Medical Malpractice %
 - Professional Negligence – other than Medical %
 - Product Liability %
 - Auto/Slip and Fall %
 - Workers Compensation %
 - Other* %
- * Provide a description using the space provided below or by separate attachment.
4. What percentage of cases are class action? _____ %

CLASS ACTION: Please provide the following details on all Class Action matters in which the firm was involved during the past five (5) years: <i>(If no Class Action matters were handled, please so indicate)</i>						
Date Representation Began (mo/day/yr)	Subject Matter of Class Action	Capacity Served (1)	On Behalf (2)	Total # of Class Members	Total Damages	Current Status
Note1 – For Capacity: [Lead Counsel = LC] [Co-Lead Counsel = CLC] [Local Counsel Only = LO] [Other = please explain]; Note2 – On Behalf of: [Plaintiff = P] [Defendant = D]; <i>(if additional space needed, please attach a separate sheet with details)</i>						

5. Average dollar value of plaintiff cases: _____ Maximum dollar value of any one plaintiff case: \$ _____
6. What is the percentage of such cases referred by the Applicant Firm to other law firms for handling? _____ %

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____

Area of Practice Supplement Application Real Estate

N/A

1. In the past three (3) years, what is the **average annual** number of commercial and residential real estate purchase or sale transactions handled by the Applicant Firm?
Residential _____ Commercial _____
2. In the past three (3) years, what is the **maximum dollar** value of any commercial and residential real estate purchase or sale transaction handled by the Applicant Firm?
Residential \$ _____ Commercial \$ _____
3. In the past three (3) years, of the total commercial real estate transactions handled by the Applicant Firm, what percentage involved syndications, master limited partnerships, REITs, or any other transaction involving more than five (5) passive investors? _____ %
4. Does the firm assist in the securing of and/or financing of loans for the clients? Yes No
 If Yes, have any of the services involve sub-prime loans or lenders? Yes No
5. When the firm represents a lender in a real estate transaction, does the firm require the borrower to acknowledge in writing that is not representing them in this transaction? Yes No
6. When the firm represents a borrower, are there procedures and protocols in place to ensure that all documents are fully and properly explained to the borrower including, but not limited to, those documents memorializing the financial terms and conditions for the loan? Yes No
7. Does the firm require a disclosure form signed by both parties when acting in a dual capacity in the same real estate transaction? Yes No
8. Does the firm, or any attorney ensure that at least one lawyer in the firm attend all real estate closings in which the law firm is representing a party in the transaction? Yes No
9. In the past three (3) years, what is the **average annual** number of real estate transactions other than purchase or sale handled by the Applicant Firm in each category below?

i. Mortgages, refinancing, loan workouts: _____	v. Litigation other than foreclosures: _____
ii. Foreclosures: _____	vi. Zoning, Eminent Domain or Tax Assessment Appeals: _____
iii. Title Searches / Document Preparation: _____	vii. Other (<i>describe</i>): _____
iv. Landlord / Tenant Disputes: _____	
10. In the past three (3) years, with respect to title work handled by the Applicant Firm, please provide the **average annual** number of residential and commercial title searches performed in each category below:

Party Performing Search	Residential Searches	Commercial Searches
i. Lawyer of Applicant Firm	_____	_____
ii. Non-lawyer employee of Applicant Firm:	_____	_____
iii. Lawyer not a member of Applicant Firm:	_____	_____
iv. Non-lawyer subcontractor:	_____	_____

Does the Applicant Firm, or any lawyer for whom coverage is sought, have an ownership interest in any title insurance agency? Yes No
11. In the past three (3) years, has any lawyer for whom coverage is sought acted as a title insurance agent? ... Yes No

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____