

2. Provide the total number of employees and/or support staff utilized: _____

3. Total gross billings: a. Past 12 months: \$ _____
b. Projected next 12 months: \$ _____

4. Please indicate the types of Docket Control Systems currently used:

Single Calendar Dual Calendar Computer Master listing Tickler cards Other _____

5. Is it the firm's standard practice to use engagement letters when agreeing to represent a client? Yes No
If "No," please provide an explanation: _____

6. Is it the firm's standard practice to use non-engagement letters when refusing to represent a client? If "No," please provide an explanation: Yes No _____

7. A. How does the firm maintain its conflict of interest avoidance system?
 Computer Index File Conflict Committee Other (describe) _____

B. How often is the conflict of interest system updated?
 Daily Weekly Monthly Other (describe) _____

C. Does the conflict of interest system disclose attorney-client relationships created by newly hired lawyers, partners, predecessor, merged or acquired firms? Yes No

D. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? Yes No
If "No," please explain: _____

8. Does the firm refer clients, cases or work to other law firms? Yes No

9. If Yes to # 8, please provide the following information:

a. The approximate number of such clients/cases/work for the past 12 months? _____
Next 12 months? _____

b. Description of the type of clients/cases/work you refer to other law firms? _____

c. Before referring, do you always confirm that the working attorney is admitted to practice and in good standing with the bar of the jurisdiction at issue? Yes No
If No, please explain: _____

d. Do you always verify the working attorney has adequate malpractice insurance by requesting a copy of his/her insurance declarations page or a certificate of insurance? Yes No
If No, please explain: _____

e. Please describe any other measures used by you to verify the qualifications and reputation of a prospective working attorney to whom you refer clients/cases: _____



10. For the clients/cases/work referred to other law firms, please categorize the arrangements in place:
- a. Refer to another firm and you receive no fee: _____ %
 - b. You receive a fee but will not be doing any of the work: _____ %
 - c. You refer but will continue to work on the file along with the other attorney: _____ %
 - d. Other: _____ %

Must total 100%

11. For the past 12 months, or for the next 12 months, do any of the firm's clients account for 25% or more of the firm's gross billings? Yes No

If "yes", provide the percentage of billings and describe the nature of the work performed for each such client: _____ % Work performed _____

12. (a) How many suits for the collection of fees have been filed by the firm during the past 24 months? _____
 (b) How many of these suits have been resolved successfully? _____ How many are still open? _____

13. What percentage of time (not income) do you spend in the following areas of practice?

Total of A+B+C+D must equal 100%

<u>A.</u>		<u>C.</u>	
%	Admiralty—Defense	%	Collections
%	Bankruptcy	%	Entertainment, sports or celebrity*
%	Criminal matters	%	Oil, gas, or mining
%	Defense of personal & bodily injury & workers compensation	%	Patent, copyright or trademark (complete Intellectual Property Supplement)
%	Immigration	%	Plaintiff's rep. In litigation (complete Plaintiff Litigation Supplement)
%	Mediation	%	Taxation-Personal or Corporate
%	Will, estate planning, probate	%	Title/Abstracting
%	Family & Domestic Law		
%	Subtotal (A)	%	Subtotal (C)

*If any value is entered, complete Entertainment Related Area of Practice Application

<u>B.</u>		<u>D.</u>	
%	Admiralty other than Defense	%	Banking, savings & loan, or other financial institution services
%	Corporation formation/alteration (Non-SEC Related)	%	Bonds, commercial paper, limited partnerships, or State/Federal securities, both exempt & non-exempt (Complete Securities Supp.)
%	Environmental	%	Real Estate - Commercial
%	ERISA or Employee Benefits	%	Real Estate - Residential
%	Investment Counseling/Money Mgt. (Complete Financial Planning Supplement)	%	Real Estate Development and/or Syndication/Limited Partnership
%	International Law	%	Securities/SEC (Complete Securities Supp.)
%	Labor Law	%	Other(Describe in detail by attachment)
%	Mergers/Acquisitions		
%	Utilities/Municipality		
%	Subtotal (B)	%	Subtotal (D)
		100%	Total A + B + C + D



INSURANCE AND LOSS HISTORY

1. Provide your firm's recent insurance history below:

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

2. If you are currently insured for professional liability coverage, what is your policy's retroactive date? (month/date/year)?
 ___/___/___ If there is no retroactive date, please check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes No
 If Yes, please explain why: _____

4. Requested Limits: \$100,000/\$300,000 \$500,000/\$500,000 \$300,000/\$600,000 \$1,000,000/\$1,000,000
 Other \$_____/\$_____

Requested Deductible (Per Claim): \$2,500 \$5,000 \$10,000 Other_____

5. After inquiry with each person as appropriate, in the last five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes No

If "Yes," how many? _____ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.

6. After inquiry with each person as appropriate, do you, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a claim? Yes No

If "Yes," how many? _____ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.

7. After inquiry with each person as appropriate, has an attorney for who coverage is sought ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities? Yes No

If "Yes," please provide a copy of the Bar complaint, your response, and a copy of their decision.



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 denial of insurance benefits.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO 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.

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

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 a 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.

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The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.



The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____





Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

APPLICANT'S INFORMATION

- Full Name of Applicant: _____
- Full Name of Individual(s) or entity involved in the claim: _____
- Additional defendants _____
- Full Name of Claimant: _____
- Indicate whether: CLAIM SUIT Incident/Circumstance Only (no claim or suit)
- Date and location of alleged act, error or omission: _____
- Date of claim: _____ Date reported to Insurance Company: _____
- What is the status of the claim? Closed/Settled Open/Pending Incident/Circumstance
- IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: ____/____/____ Trial Out of Court

- IF PENDING:
 - Claimant's settlement demand? \$ _____ Defendant's settlement offer (if any): \$ _____
 - Insurer's reserve amounts? Loss \$ _____ Defense \$ _____
 - Amounts already spent defending the claim? By you? \$ _____ By the insurer? \$ _____
 - What is your best estimate of the likely settlement amount for this matter? \$ _____
 - What is your best estimate of the date when you expect this claim to be resolved? _____

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

- Name(s) of Insurer(s) responding to this claim or incident _____
 Policy Number: _____
 Limits of Liability: _____ Deductible: _____



12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: _____

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: _____

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm)

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(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

