

**GeneralStar**<sup>SM</sup>

General Star National Insurance Co.

**DEFENSEPRO**<sup>SM</sup>  
Lawyers Professional Liability

**NEW BUSINESS APPLICATION**

**Administered by:**  
Lockton Affinity  
1-800-250-7876

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

Every question must be completed. Indicate "N/A" if a question is not applicable. You may fax your completed application to: 913-652-7599, or mail it to: Lockton Affinity-Professional Liability, P.O. Box 410679, Kansas City, MO 64141-0679. For express deliveries: 7300 College Boulevard, Suite 500, Overland Park, KS 66210. Phone: 1-800-250-7876

1. a) Attach a current copy of the firm's letterhead

|               |                   |
|---------------|-------------------|
| b) Firm Name: | Year Established: |
|---------------|-------------------|

|                               |                 |
|-------------------------------|-----------------|
| Contact for this Application: | E-Mail Address: |
|-------------------------------|-----------------|

|                 |              |
|-----------------|--------------|
| Street Address: | URL Address: |
|-----------------|--------------|

|       |         |        |      |
|-------|---------|--------|------|
| City: | County: | State: | Zip: |
|-------|---------|--------|------|

|        |      |
|--------|------|
| Phone: | Fax: |
|--------|------|

c) Type of Firm (please check):  Individual  Corporation  Partnership  LLP or LLC  Other

d) If you are a Sole Proprietor, have you made arrangements with another attorney to handle your cases in the event of an extended absence from your practice:  Yes  No  N/A Provide the name, phone number, city and state of your back up attorney:

2. Additional Office Locations (explain use):

3. a) Indicate the percentage of gross billable dollars for the last fiscal year, from activities devoted to the following areas of practice. If this is a newly established firm, please provide estimates.

|                          |   |                            |   |  |   |                              |             |
|--------------------------|---|----------------------------|---|--|---|------------------------------|-------------|
| Administrative Law       | % | Copyright/Trademark***     | % | Insurance Defense                              | % | Real Estate-Commercial*      | %           |
| Admiralty/Defense        | % | Communication              | % | Intellectual Property (Patent)***              | % | Real Estate-Escrow Agt.      | %           |
| Admiralty/Plaintiff      | % | Corporate Form./Alt.       | % | International Law                              | % | Real Estate-Residential      | %           |
| Adoption                 | % | Corporate-General          | % | Investment Counseling                          | % | Real Estate Synd/Dev*        | %           |
| Anti-trust/Trade Reg.    | % | Eminent Domain             | % | Labor-Management                               | % | Real Estate Title            | %           |
| Arbitration/Mediation    | % | Employment Practices       | % | Labor-Union                                    | % | School Law                   | %           |
| Aviation                 | % | Environmental-General*     | % | Litigation-Gen. Defense                        | % | Securities (state or fed.)** | %           |
| Banking/Financial Inst.* | % | Environmental-Litigation*  | % | Litigation-Gen. Plaintiff*                     | % | Tax-Corporate Prep           | %           |
| Bankruptcy               | % | ERISA                      | % | Mergers/Acquisitions                           | % | Tax-Individual               | %           |
| Bond Work**              | % | Estates/Probate/Trust      | % | Municipal (not bonds)                          | % | Tax-Opinions                 | %           |
| Civil Rights/Discrim.    | % | Estate Planning            | % | Oil/Gas/Mineral                                | % | Water Rights                 | %           |
| Class Action/Defense*    | % | Entertainment*             | % | Personal Injury Plaintiff*                     | % | Workers Comp Plaintiff       | %           |
| Class Action/Plaintiff*  | % | Family Law/Domestic        | % | Personal Injury Medical Malpractice Plaintiff* | % | Workers Comp Defense         | %           |
| Criminal Defense         | % | Healthcare                 | % | Personal Injury Defense                        | % | Other                        | %           |
| Collection/Foreclosures  | % | Immigration/Naturalization | % | Public Utilities                               | % | <b>TOTAL</b>                 | <b>100%</b> |

\* Complete the corresponding supplemental application  
\*\* Complete the Securities Supplemental Application  
\*\*\* Complete the Patent/Trademark Supplemental Application

**INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION**

b) Please list all Predecessor firms in Business of the Applicant to which the applicant assumed said firm(s) financial assets and liabilities, or employees. Please include any firms that have dissolved or have merged with or into the Applicant. \_\_\_\_\_

c) **TYPE OF PRACTICE:** For the past 5 years, provide the highest percentage of billings for any single annual period in each of the below areas. If none, please state N/A:

**This section must be completed for underwriting consideration if prior acts coverage is being sought.**

|   |   |                        |   |
|---|---|------------------------|---|
| Securities including Bond work          | % | Environmental          | % |
| Taxation: Federal Corporate or Opinions | % | International Law      | % |
| Anti-trust/Trade Reg.                   | % | Collections            | % |
| Entertainment                           | % | Class Action/Defense   | % |
| Patent                                  | % | Class Action/Plaintiff | % |
| Copyright/Trademark                     | % | Medical Malpractice    | % |
| Estate/Probate/Trust                    | % |                        |   |

4. a) Has any lawyer been the subject of any disciplinary actions (including any that may have resulted in disbarment, suspension or reprimand) or held in contempt by any court or administrative agency or regulatory body, or sited with sanctions? Yes  No

**If yes, explain fully:**

b) Has any lawyer applying for coverage ever been diagnosed or treated for alcoholism, drug addiction or any chemical dependency? Yes  No

**If yes, please provide details including dates of treatment:**

c) Has any lawyer applying for coverage ever been charged with or convicted of a crime other than minor traffic violations? Yes  No

**If yes, please provide details:**

d) Have any fee or professional relations complaints been registered against any member of your firm with a bar association? Yes  No

**If yes, please explain:**

e) Has any lawyer ever been refused admission to practice, or has any attorney's membership in any bar association ever been refused, suspended, revoked or voluntarily surrendered? Yes  No

**If yes, please explain:**

5. a) Provide the following information regarding your current policy as expiring. If you are uninsured, state "None". If prior acts coverage is requested, five years insurance history is required.

| Insurance Co. | Limits of Liability | Deductible | Coverage Period | # of Attorneys | Premium |
|---------------|---------------------|------------|-----------------|----------------|---------|
|               |                     |            |                 |                |         |
|               |                     |            |                 |                |         |
|               |                     |            |                 |                |         |
|               |                     |            |                 |                |         |
|               |                     |            |                 |                |         |

b) Prior acts/Retroactive date of your current coverage (**attach a copy of your current declarations page and/or prior acts endorsement**):

c) Has the firm been continually insured for Professional Liability in each of the last 5 years:  Yes  No

d) Explain any changes in the ownership of the firm in the last 5 years and list all predecessor firms in the last 5 years:

**If not applicable, please check:**  N/A

e) Does your current policy contain any exclusions or coverage limitations tailored specifically to your Firm?  Yes  No

**If yes, please describe the intent and attach a copy of the endorsement wording:**

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6. a) List all lawyers, including independent contractors or of counsel lawyers that are to be covered (include a separate sheet if necessary):

| Name | Social Security Number | **Designation | States Licensed and Actively Practicing In during past 3 years | Year Joined Applicant Firm | List all Bar Memberships | Annual CE Hours | Year first Admitted to the Bar |
|------|------------------------|---------------|--|----------------------------|--------------------------|-----------------|--------------------------------|
|      |                        |               |  |                            |                          |                 |                                |
|      |                        |               |  |                            |                          |                 |                                |
|      |                        |               |  |                            |                          |                 |                                |
|      |                        |               |  |                            |                          |                 |                                |

\*\*Designation: "O" for Officer, "P" for Partner, "E" for Employed Lawyer, "IC" for Independent Contractor, "OC" for Of Counsel.

b) Provide the number of each of the following in the firm during the **current** 12 month period:

| Law Clerks | Paralegals | Abstractors | Title Agents | Investigators | Clerical | Other Employed (describe) |
|------------|------------|-------------|--------------|---------------|----------|---------------------------|
|            |            |             |              |               |          |                           |

c) Provide the number of each of the following in the firm during the **preceding** 12 month period:

| Officers | Partners | Employed Lawyers | Law Clerks | Paralegals | Clerical | Other Employed |
|----------|----------|------------------|------------|------------|----------|----------------|
|          |          |                  |            |            |          |                |

7. a) Estimate the firm's gross revenues for the next 12 months: \$  
 Provide the firm's gross revenues over the most recent 12 months: \$  
 Provide the firm's gross revenues for the previous 12 months: \$

b) Has any single client represented more than 20% of the firm's revenue within the last 3 years? Yes  No   
**If yes, please list on a separate attachment giving a brief description on the nature of each such representation.**

c) Has any lawyer served as a director or officer or held an equity interest in a client of the firm in the last 3 years? Yes  No   
**If yes, please complete the Outside Interests Supplement.**

8. a) What mode(s) of advertising does the firm use:  
**Please attach a sample of your advertising including website and/or yellow page ads if applicable.**

b) Do you endorse any products or offer professional advice to the public via any news media (e.g., newspaper columns, broadcasts, internet)? Yes  No   
**If yes, please explain:**

9. a) Has anyone in the firm had a policy for professional liability insurance declined, cancelled or non-renewed? Yes  No   
**If yes, please explain:**

b) In the past 10 years, has the firm, its predecessor or any individual proposed for this insurance ever been the subject of a professional liability claim? Yes  No   
**If yes, complete a supplemental claim form for each claim.**

c) After inquiry of all of the individuals proposed for this insurance, is anyone aware of any circumstance, act, error, omission or personal or advertising injury that might reasonably be expected to result in a claim against the firm or any of its past or present members or any predecessor? Yes  No   
**If yes, complete a supplemental claim form for each incident.**

10. Describe the firm's new client screening procedure:

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|  |   |  |
|--|---|--|
| <b>11.a) Conflict of Interest System/Conflict Avoidance – Check all that apply and are currently used by your firm:</b>  |   |  |
| <input type="checkbox"/> Computer  | <input type="checkbox"/> Oral/Memory  | <input type="checkbox"/> Perpetual Calendar  |
| <input type="checkbox"/> Single Index Files  | <input type="checkbox"/> Multiple Index Files   | <input type="checkbox"/> No Formal System  |
| <input type="checkbox"/> System is centralized and used on a firm wide basis   | <input type="checkbox"/> System retains and checks client name, client’s principals and subsidiaries, opposing party and opposing counsel | <input type="checkbox"/> Software calculates/identifies all key dates upon initial entry of a matter |
| b) Upon discovery of a potential conflict of interest situation, does the firm obtain written consent to perform ongoing legal services?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| <b>If no, please provide details on a separate attachment.</b>   |   |  |
| <b>12.a)</b> Does the firm maintain both a computerized and manual docket / calendar control system that is crosschecked regularly by at least two individuals?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| b) Is one of the individuals referenced above an attorney?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| c) Which job classification in the firm is responsible for calculating follow up dates (e.g. attorney, paralegal, secretary, legal assistant, other clerical)?   |   |  |
| <b>13.</b> Does any member of the firm (attorney or not) provide professional services other than the practice of law (e.g. as an accountant, insurance agent/broker, investment advisor, real estate agent/broker or securities agent/broker)?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| <b>If yes, please describe such position on a separate sheet, if legal services are rendered as well and if professional liability insurance is carried for such activities. Please attach a copy of the insurance declarations page and a copy of any specific letterhead used for such activities.</b> |   |  |
| <b>14.</b> Please answer the following:  |   |  |
| a) Does the firm consistently use letters of engagement, disengagement and declination in client communications?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| b) Does the firm use written client communication agreements that detail the wishes as respects the handling of the client’s e-mails, faxes, unsecured telephone calls and storage of computer documents within the firm?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| c) Does the firm disclose to clients, in writing, all actual or potential conflicts?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| d) Does the firm maintain a client billing procedure that is strictly adhered to?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| e) Does the firm authorize any collection agency, at it’s own discretion, to file a claim or suit?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| f) Does the firm sue clients for unpaid legal fees?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| <b>If yes, how many actual lawsuits or arbitrations have been filed in the past 36 months?</b>   |   |  |
| g) Have any cross-complaints resulted from a suit for unpaid legal fees?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| h) Does the firm maintain a formalized training program for associates and support staff?  | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| i) Does the firm provide legal services, engage clients or participate in a referral service via the internet?   | Yes<br><input type="checkbox"/>   | No<br><input type="checkbox"/>   |
| <b>If yes, describe:</b>   |   |  |
| j) Do all lawyers (check the box that applies) <input type="checkbox"/> <b>meet</b> or <input type="checkbox"/> <b>exceed</b> the minimum number of continuing education hours prescribed by state or local bar association requirements?  |   |  |
| How many hours are completed on an average annual basis per lawyer:                    hrs.  |   |  |

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**15. Coverage Requested**

a) Limits of Liability (Please indicate the limit of liability desired):

| PER CLAIM/ANNUAL AGGREGATE                       |   |  |
|--|---|--|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000 | <input type="checkbox"/> \$ 250,000 / \$ 500,000  | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |
| <input type="checkbox"/> \$ 200,000 / \$ 600,000 | <input type="checkbox"/> \$ 500,000 / \$ 500,000  | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 250,000 | <input type="checkbox"/> \$ 500,000 / \$1,000,000 |  |

b) Per Claim Deductible (Applicable to loss payment and claim expenses):

Indicate your choice of a deductible from the options listed below. The Company might require a higher deductible and proof of financial ability to pay a deductible. In selecting the deductible please remember that claim expenses, including legal fees and cost of defense, are chargeable to the deductible.

\$5,000     \$7,500     \$10,000     \$15,000     \$25,000     Higher – specify:

**16. PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN:**

**17. By signing this Application, you represent and agree to each of the following five (5) items:**

1) You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error, omission or personal or advertising injury that might reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in question 9 of this Application; and

2) This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> BI / PI Plaintiff Supplemental Application     | <input type="checkbox"/> Outside Interests Supplemental Application    |
| <input type="checkbox"/> Claim Information Supplemental Application(s)  | <input type="checkbox"/> Real Estate Supplemental App                  |
| <input type="checkbox"/> Entertainment Supplemental Application         | <input type="checkbox"/> Securities (including Bonds) Supplemental App |
| <input type="checkbox"/> Environmental Practice Area Supplemental App   | <input type="checkbox"/> Patent/Trademark/Copyright Supplemental App   |
| <input type="checkbox"/> Financial Institution Supplemental Application | <input type="checkbox"/> Other:  |

3) Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in number 2 above, are:

- a. Accurate, true and complete to the best of your knowledge;
- b. No material facts have been suppressed or misstated;
- c. Representations you are making on behalf of all persons and entities proposed to be insured; a material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.

4) This Application, along with each of the Supplemental Applications checked in number 2 above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.

5) You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

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**NEW YORK FRAUD WARNING:** 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.

**FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia):** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage. Please see IMPORTANT NOTICE in question 17 above.

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

**NOTICE:**

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

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut (where General Star National Insurance Company is "non-admitted" or "surplus lines"), and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised.

Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state.

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

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

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