

**RENEWAL APPLICATION
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
THIS IS A CLAIMS-MADE POLICY**

INTERSTATE
INSURANCE
GROUP

Present Policy Number	Expiration Date (Mo/Day/Yr)	Telephone Number (include Area Code) () ()	FAX Number () ()
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Applicant Name (show complete firm name)	Principal Business Address - (INCLUDING COUNTY) (List any secondary or foreign locations on a separate sheet).
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Current:	Limits	Deductible	Desired:	Limits	Deductible
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1. Over the past year has there been a change in the firm's operations such as a merger or the opening or closing of a branch office? If yes, explain by attachment Yes No

2. (a) All of the lawyers on the attached **Insured Supplement** must be named as individual **Insured's**. Add any new lawyers to the **Insured Supplement** and complete a **New Lawyer Information Form** for each new member of the firm.

Total number of Lawyers

(b) Give the number of employees and/or support staff utilized: (There is no additional charge for nonlegal staff.)

Law Clerks	Investigators	Abstractors	Accountants	Paralegal Personnel	Clerical Staff/Secretary	None

(c) If you are a sole practitioner, please confirm that the attorney designated in your previous application would still be responsible for your affairs if you were absent for an extended period of time (i.e. vacation, illness, etc.) NO CHANGE

New Responsible Attorney _____
 Address (City, State, Zip) _____
 Telephone Number _____

3. **Area of Practice.** Indicate the percentage of gross billable dollars from practice. If no change from previous application, check box and do not complete the percentages. NO CHANGE

	Prev. %	New %		Prev. %	New %
Administrative Law			Juvenile/Guardian Ad Litem		
Admiralty/Maritime			Labor Relations		
Arbitration/Mediation			Landlord/Tenant		
Banking/Financial Institutions Complete Corresponding Supplement			Litigation:		
			General Commercial - Defense		
Bankruptcy			General Commercial - Plaintiff		
Bonds: Federal, State or Municipal Complete Corresponding Supplement			Bodily Injury/Personal Injury - Defense		
			Bodily Injury/Personal Injury - Plaintiff		
Business/Corporate			Insurance Defense		
Collection			Workers Compensation - Defense		
Copyright/Patent/Trademark			Workers Compensation - Plaintiff		
Corporate Formation/Alteration			Municipal Law - Do not include bond work		
Criminal			Oil & Gas		
Discrimination/Harrassment			Product Liability		
Domestic/Family Law			Public Utilities		
Entertainment Complete Corresponding Supplement			Real Estate		
Environmental Complete Corresponding Supplement			Securities Law - State or Federal securities both exempt & registered. Include syndications, limited partner- ships, prospectus, private placements, corporate bonds, etc. Complete Corresponding Supplement.		
ERISA/Employee Benefits					
Estate Planning/Probate/Trusts/Wills					
Immigration			Social Security		
International Law			Taxation		
Investment Counseling/Money Management Complete Corresponding Supplement			Tax Options		
			Other - If greater than 5% provide details		
			TOTAL MUST EQUAL 100%		

4. (a) In the past year, has any member of the firm served as a director, officer, partner or employee of any past or present client, other than those listed on last year's application? Yes No
- (b) In the past year, has any member of the firm held any equity interest in any past or present client, other than those listed on last year's application? Yes No

If yes to (a) or (b) above, please complete **OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.**

5. Has any lawyer listed on the Insured Supplement provided any professional services to, acted as a director or officer or served on an internal committee of a financial institution (defined as a savings and loan, bank, credit union, savings association, building and loan association, holding company or any other banking institution or affiliate thereof) within the past year? Yes No

If yes, please complete the attached **Financial Institutions Supplement.**

6. Has any lawyer listed on the Insured Supplement provided any legal services in connection with the offer and sale of securities during the past policy term? Yes No

If yes, please complete the attached **SEC Supplement.**

7. Has any lawyer listed on the Insured Supplement performed any Federal, State or Municipal Bond engagements within the past policy period? Yes No

If "yes", please complete the attached **Bond Supplement.**

8. In the past year has the firm received more than 25% of its gross billings from a single client? Yes No

If yes, please provide the name of client, industry, percentage of gross billings and services provided on a separate sheet.

9. a. Have any claims or suits been brought against any lawyer listed on the Insured Supplement, a predecessor of the firm or any partner, officer or professional employee during the past policy term? Yes No
- b. Having inquired of all partners, officers and professional employees, are there any circumstances which may result in a claim being made against the firm or its predecessors other than as previously reported? Yes No
- c. Have there been any changes during the last policy term to any previously reported claim? Yes No

If yes to any of the above, please complete the attached **Supplemental Claim Form.**

10. During the past year has any current or past lawyer of the firm:
- a. Had his/her license or authority to practice law revoked? Yes No
- b. Been subject to disciplinary action by any State or local bar or ABA? Yes No
- c. Been subject to any fine, reprimand or criminal penalty related to performance of professional services? Yes No

If "yes" to any of the above, please explain below, including the date and outcome.

11. How many suits for collection of your legal fees were filed during the past fiscal year? # _____
12. During the past 12 months have you made any changes to your systems relating to calendar control? Yes No

If yes, please explain by attachment.

13. Has any merger or acquisition resulted in the purchase of an endorsement to extend the claims reporting period? (i.e., tail, extended reporting endorsement, ERP, etc.) If yes, complete the following: Yes No

Lawyer/Firm who purchased: _____

Effective date of endorsement: _____ Length of reporting period: _____ month(s).

14. What is the total number of continuing legal education hours within the past 12 months for all lawyers listed on the Insured Supplement?

15. a Does the firm delegate, sub-contract and/or have any split fee arrangements?

Yes No

b. If yes, what percentage of your total revenue is derived from these arrangements?

_____ %

c. Are the firms associated with these arrangements insured?

Yes No

NOTICE TO APPLICANT - Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in the facts and statements above, and in each supplemental application, of which applicant becomes aware after signing the application.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

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 BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be signed and dated to be considered for quotation.

The Lawyers Professional Liability Program has been organized as a purchasing group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received.

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.

Applicant Signature (Must be signed and dated in ink by an Owner, Partner or Officer)

Print or Type Name and Title

Date (Mo-Day-Yr)

NOTICE:
Failure to report:

1. any claim made against you during your current policy term, or
2. any facts, circumstances or events which may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.

