



Twin City Fire Insurance Company

Name of Insurance Company to which Application is made

**FLORIDA
THE HARTFORD PREMIER LAWYERS PROFESSIONAL LIABILITY INSURANCE
RENEWAL APPLICATION**

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. This application may ask for details on activities for which no coverage is provided. Please consult with your broker or insurance agent for details on your proposed coverage. **If additional space is required, please provide complete details on Firm's letterhead.** This application and all supplements must be signed and dated by a principal of the firm.

Coverage Selection

1. Limits of Liability Requested:

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 | <input type="checkbox"/> \$9,000,000/\$9,000,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$6,000,000/\$6,000,000 | <input type="checkbox"/> \$10,000,000/\$10,000,000 | \$ _____ |
| <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> \$7,000,000/\$7,000,000 | | |
| <input type="checkbox"/> \$4,000,000/\$4,000,000 | <input type="checkbox"/> \$8,000,000/\$8,000,000 | | |

2. Deductible Amount Requested:

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$200,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$35,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$250,000 | \$ _____ |

General Information

3. Name of Firm: _____

Principal Address: _____
(Street/City/State/Zip)

4. Since the completion of the Firm's last application:

- a. Has the Firm's letterhead changed? *If "Yes", please provide a copy*..... Yes No
- b. Has the Firm opened or closed any offices? *If "Yes", please provide details*..... Yes No
- c. Has the Firm merged with any other firm, acquired control of any firm or changed your business structure or location? *If "Yes", please provide details*..... Yes No
- d. Has the Firm changed the management structure or leadership of the Firm?..... Yes No

5. Has the Firm made any changes in its advertising or undertaken any new types? Yes

No
If "Yes", please indicate type of change and attach a copy of the new advertisement or transcript.

7. Provide the total number of non-attorney employees:

Law Clerks	Paralegals	Investigators	Abstractors	Title Agents	Clerical	Other

8. Indicate gross annual revenue for Firm: Last Calendar Year: \$ _____

Estimate for Current Calendar Year: \$ _____

9. Have there been any changes since the Firm's last application to any client representing more than 5% of the Firm's gross annual revenues? Yes No

If “Yes”, please provide name of client, industry, legal services provided and the percentage of income.

Areas of Practice

10. Based on the Firm's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%.**

Area of Practice	Last Year	Current Year	Area of Practice	Last Year	Current Year
Admiralty/Maritime – Defense	%	%	Intellectual Property (2)	%	%
Admiralty/Maritime – Plaintiff (6)	%	%	Investment Counseling/Money Management	%	%
Antitrust/Trade Regulation	%	%	Labor Law – Management	%	%
Arbitration/Mediation	%	%	Labor Law – Union	%	%
Banking/Financial Institutions (1)	%	%	Labor Litigation- Defense	%	%
Bankruptcy	%	%	Litigation – Defense	%	%
BI/PI – Defense	%	%	Litigation – Plaintiff (6)	%	%
BI/PI – Plaintiff(6)	%	%	Litigation-General	%	%
Class action – Plaintiff(6)	%	%	Municipal/Governmental – Zoning & Planning	%	%
Class action -Defense	%	%	Municipal/Governmental – Other (Not Bonds)	%	%
Collection/Repossession/Foreclosures	%	%	Oil/Gas/Minerals	%	%
Communication/FCC	%	%	Public Utilities	%	%
Corporate -(Mergers & Acquisitions)	%	%	Real Estate – Commercial (4)	%	%
Corporate –(Formation/Alteration)	%	%	Real Estate – Escrow Agent (4)	%	%
Corporate – (General)	%	%	Real Estate – Residential (4)	%	%
Commercial Law	%	%	Real Estate – Title Work (4)	%	%
Criminal	%	%	Real Estate – Syndication/Development (4)	%	%
Family Law	%	%	School Law	%	%
Employee Benefit Plans/ERISA	%	%	Securities/Bonds/Secured Transactions (5)	%	%
Entertainment/Sports (3)	%	%	Social Security/Elder Law	%	%
Environmental	%	%	Tax – Corporate/Business (7)	%	%
			Tax – Opinions/ Shelters (7)	%	%
Foreign (Non-U.S. Law)/International	%	%	Tax – Individual (7)	%	%
Healthcare	%	%	Wills/Estate Planning/ (8) Probate/Trusts	%	%
Immigration	%	%	Workers Compensation – Defense	%	%
Insurance Defense	%	%	Workers Compensation – Plaintiff(6)	%	%
			Other (Describe)	%	%
			The Total must equal 100%	%	%

If the Firm practices in any area(s) with a numerical notation(s), complete the associated **Supplement** as follows:

- (1) = Financial Institutions (3) = Entertainment (5) = Securities (7) = Taxation
 (2) = Intellectual Property (4) = Real Estate (6) = Plaintiff Litigation (8) = Trustee

(Supplements only need to be completed if the Area of Practice is new to the Firm or the indicated percentage is an increase of more than 10% from last year)

Attorney Information

11. Indicate the total number of attorneys in the Firm this year: _____ and complete the **Attorney Information Supplement**.
12. Indicate the total-number of hours of continuing legal education (CLE) for all attorneys within the past twelve months:

13. Since the completion of the Firm's last application, have any lawyers;
- a. Joined the Firm that have not been previously reported to us? Yes No
*If "Yes", please complete a **New Lawyer Information Supplement**.*
 - b. Left the Firm that have not been previously reported to us? Yes No
If "Yes", please provide name of attorney(s) and date(s) of departure.
14. Since the completion of the Firm's last application, have there been any changes regarding the following:
- a. Any attorney of the Firm acting as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? Yes No
If "Yes", please indicate the number of hours performed per week and whether services are performed on behalf of the Firm or independently contracted.
 - b. Any attorney or non-attorney of the Firm providing professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? Yes No
If "Yes", please indicate name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.
 - c. Any attorney or former attorney of the Firm providing any legal services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution?.. Yes No
*If "Yes", please complete the **Financial Institution Supplement**.*
 - d. Any attorney or former attorney of the Firm providing legal services:
 - 1. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No
 - 2. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No
 No
*If "Yes", please complete the **Securities Supplement**.*
 - e. Any attorney or former attorney of the Firm providing legal services to help create, or write an opinion involving a tax shelter transaction Yes No
*If "Yes", please complete the **Taxation Supplement**.*

Systems and Procedures

15. Since the completion of the Firm's last application, have there been any changes made in the following areas of firm management and administration since your last application?
- | | | | |
|----------------------------------|--|--------------------------------|--|
| Docket Control | <input type="checkbox"/> Yes <input type="checkbox"/> No | Client Communication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acceptance of New Clients ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fee Collection Practices | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conflict of Interest System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Firm management procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If "Yes," please provide complete details on a separate sheet.*

16. Since the completion of the Firm's last application:
- a. Has any current or former attorney of the Firm or predecessor firm served as an officer, director, partner, employee, principal shareholder or member of any client? Yes No
*If "Yes", please complete the **Outside Interest Supplement**.*

- b. Has any current or former attorney (including their spouse) of the Firm or predecessor firm owned an equity interest in any client? *If "Yes", please complete the **Outside Interest Supplement**.* Yes No
- c. Has any current or former attorney of the Firm or predecessor firm served as a trustee or fiduciary such as an administrator, conservator, executor, guardian, receiver, escrow agent of any client? Yes No
*If "Yes", please complete the **Trustee Supplement**.*
- d. Has the Firm sued to collect fees or threatened to do so? Yes No
If "Yes", please indicate number _____ and explain the steps being taken to prevent countersuits for malpractice.

Claim/Incident Information

- 17. Since the completion of the Firm's last application, has the Firm or any attorney of the Firm been made aware of a claim or circumstances that could result in a claim or has there been a change in the status of any claim reported to other insurance companies within the past six years? Yes No
*If "Yes", please indicate how many _____ and complete a separate **Supplemental Claim Form** for each claim.*
- 18. Since the completion of the Firm's last application, has any attorney of the Firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities? Yes No
If "Yes", please provide details.

FRAUD WARNING STATEMENTS

FLORIDA APPLICANTS: 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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____

Print Name: _____ Date: _____

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Insert name & address