



Name of Insurance Company to which Application is made
MISSOURI

THE HARTFORD PREMIER LAWYERS' PROFESSIONAL LIABILITY INSURANCE 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. The Applicant Firm must understand and agree that this application is material to the Company's underwriting process and will be made a part of the Policy if issued. 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 Applicant Firm's letterhead.** This application and all supplements must be signed and dated by a principal of the firm.

GENERAL INFORMATION

1. Full Legal Name of Applicant Firm, as reflected on firm's letterhead *(please attach a sample of firm's letterhead)*:

Principal Address: _____

City: _____ County: _____ State: _____ Zip: _____ Phone () _____

Website Address: _____ Contact Name: _____ Email Address: _____

2. Does the Applicant Firm practice from any other office location(s)? Yes No

If "Yes", please complete the Additional Locations Supplement and attach a sample of firm's letterhead for each location.

3. Date Applicant Firm Established: ____/____/____
(Month/Day/Year)

4. Applicant Firm is a (an): Sole Practitioner Partnership Professional Association or Corporation
 LLC LLP Other: _____

5. Is the Applicant Firm engaged in the full-time, private practice of law? Yes No

6. Other than Yellow Page Listings, does the Applicant Firm advertise? Yes No

If "Yes", please indicate in which of the following media and include a copy of the ad and/or transcript.

- Yellow Pages Ad Fliers Newspapers Periodicals
- Radio Television Internet Other _____

7. List all predecessor firm(s) of the Applicant Firm: N/A
 (Name only those firms where the Applicant Firm is majority successor to the former firm's assets and liabilities)

Name of Predecessor Firm	Date Established/ Date Dissolved	Percentage of Assets Assigned Successor
	/	
	/	

8. Provide the total number of non-attorney employees utilized by the Applicant Firm as:

Law Clerks	Paralegals	Investigators	Abstractors	Title Agents	Clerical	Other

9. Indicate gross annual revenue for the Applicant Firm: (If Applicant Firm is newly established, please provide best estimate)

Estimate for Current Calendar Year Last Calendar Year Second Prior Calendar Year
 \$ _____ \$ _____ \$ _____

CLIENT INFORMATION

10. Please provide the following information for the Applicant Firm's five (5) largest gross annual revenue clients :

Name of Client	*Type of Client	Date of Affiliation	Legal Services Provided	% of Firm's revenue
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Type of client: Publicly Held (PU) Privately Held (PR) High Net Worth Individual. (I)
 (High Net Worth defined as value exceeding \$25m)

11. For new clients, does the Applicant Firm require a review of all clients:
- a) Legal representation history..... Yes No
- b) Credit rating..... Yes No
- c) Previous Litigation history..... Yes No
- d) Complexity or difficulty of the proposed engagement..... Yes No
- If "No", to any question above, please explain procedures on a separate sheet

12. Has any client or former client of the Applicant Firm filed for Bankruptcy within the past 12 months or is considering filing for Bankruptcy ?..... Yes No
 If "Yes", please complete the Client Insolvency Supplement

13. Does the Applicant Firm consider the financial condition of a client before you enter into a new engagement?... Yes
 No

14. If a client is having financial difficulty, does the Applicant Firm obtain an executed retainer/ engagement letter that limits the scope of your responsibilities to expressly exclude advising such clients of their

a) Duties to Creditors..... Yes
 No

b) Alternate Financial Strategies..... Yes
 No

c) Financial and Legal risk associated with the strategy/transaction being pursued..... Yes
 No

15. If a client is having financial difficulty, and the Applicant Firm does not obtain an executed retainer/ engagement letter that limits the scope of responsibilities to expressly exclude advising such clients of their i) duties to creditors, (ii) alternate financial strategies and (iii) the financial and legal risk associated with the strategy/transaction being pursued, do you provide such advise to the client?..... Yes No

If "Yes," please explain on a separate sheet

ATTORNEY INFORMATION

16. Indicate the total number of attorneys in the Applicant firm this year _____ and complete the **Attorney Information Supplement**.

17. Does any attorney of the Applicant Firm act 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 worked per week and whether the individual is acting as an employee or an independent contractor.

18. Does any attorney or non-attorney of the Applicant Firm provide 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.

19. Has any attorney or former attorney of the Applicant Firm, in the past six (6) years, provided 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**.*

20. Has any attorney or former attorney of the Applicant Firm, in the past six (6) years, provided legal services:

a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No

b. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No

*If "Yes" to any part of Question 15 above, please complete the **Securities Supplement**.*

21. Does the applicant firm anticipate any major change in its client base or practice specialties or other material change(s) in the way it currently conducts business? Yes No

If "Yes", please explain on a separate sheet.

AREAS OF PRACTICE

22. Based on the Applicant 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%. (If Applicant Firm is newly established, provide best estimate).**

Area of Practice	%	Area of Practice	%
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/Probate/Trusts (8)	%
Immigration	%	Workers Compensation – Defense	%
Insurance Defense	%	Workers Compensation – Plaintiff (6)	%
		Other (Describe)	
		The Total must equal 100%	

If the Applicant Firm practices in any area(s) above 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

SYSTEMS AND PROCEDURES

23. Docket control system and procedures:

- a. Does the Applicant Firm utilize a central system with at least two independent date controls to ensure that deadlines are met for litigated and non-litigated items? Yes No
- b. Indicate all types regularly utilized: Single Calendar Dual Calendar Pocket Calendar
 Computer Master Listing Tickler System Other (Describe): _____
- c. Are two separate individuals entering dates into different date control systems for the same matter? Yes No
- d. Are the entries in different systems being cross-checked on a regular basis? Yes No
- e. Who is calculating the follow-up dates to be entered into the systems? _____
- f. If the answer to the above is not an attorney, does an attorney regularly review them to make sure the proper date has been selected? Yes No
- g. Does the Applicant Firm have a procedure in place to ensure that calendar entries are being reviewed and responded to for any attorney who is absent from the office? Yes No
- h. Is a list of pending dates and deadlines on the docket control system circulated to all attorneys or all attorneys within the appropriate practice areas? Yes No

24. Conflict of interest avoidance system(s) and procedures:

- a. Does the Applicant Firm have procedures in place that include the regular use of a centralized conflict of interest avoidance system when accepting new clients or a new matter from existing clients? Yes No
- b. Indicate method(s) used to achieve conflict checks: Personal Memory Computer Index File
 Conflict Committee Client Lists Other (Describe): _____
- c. Does this procedure capture the following information (**check all that apply**):

Client Name Client Subsidiaries Opposing Parties

Attorney-Client relationships established by predecessor, merged or acquired

Names of entities in which the Applicant Firm or any Lawyer practicing with the Applicant holds an outside interest **(including equity interest held and/or positions as Director/Officer/Partner/ Employee)**

No d. Does the Applicant Firm disclose to clients, in writing, all actual or potential conflicts of interest? Yes No

e. Upon disclosure of actual or potential conflicts, does the Applicant Firm always obtain written consent to perform ongoing legal services or decline further representation in writing? Yes No

f. When representation is continued subject to conflict waivers does the Applicant Firm have a written policy requiring the waiver to clearly :
No i) show the conflicting parties the nature of the conflict Yes No

ii) show how the conflict could affect the representation..... Yes No

iii) show how the client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver Yes No

g. Is a conflict of interest search always run prior to accepting a client? Yes No
If "No", please explain on a separate sheet.

h. Are all attorneys in the firm regardless of practice area or geographical location able to access all conflict data held by the Applicant Firm in their conflict search?..... Yes No

25. Has any current or former attorney of the Applicant 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**.*

26. Has any current or former attorney (including their spouse) of the Applicant Firm or predecessor firm have an equity interest in any client? *If "Yes", please complete the **Outside Interest Supplement**.* Yes No

27. Has any current or former attorney of the Applicant 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**.*

28. **Firm Management**

a. Is the firm managed by a management committee ?..... Yes No
If "Yes", indicate how many partners or officers comprise the management committee _____

b. Are new clients and new matters subject to the approval of the management committee or at least one independent partner or officer other than the Lawyers proposing to handle the case? Yes No

c. Is information as to all new clients made available on at least a weekly basis to all partners in the firm? Yes No

29. Does the Applicant Firm require the use of engagement letters including fee arrangements on all new matters undertaken? Yes No
If "No", please explain how misunderstandings about the scope and cost of services provided are prevented.
30. Are declination or non-engagement letters issued on all matters declined by the Applicant Firm? Yes No
If "No", please explain how misunderstandings about representation are prevented.
31. Are two or more signatures required for all withdrawals of funds from Custodial Accounts?..... Yes No
32. Are all opinion letters required to be in writing and reviewed by an Attorney other than the one drafting the opinion.?..... Yes No
If "No", please explain the firm's policy on a separate sheet.
33. Has the Applicant Firm in the last five years:
- a. Changed the Name of the firm? Yes No
 - b. Merged with, acquired, or been acquired by any other Firm? Yes No
 - c. Increased or decreased in size (by Lawyer count) by more than 20% in a single year? Yes No
 - d. Are any of the above currently pending or contemplated? Yes No
- If "Yes" to any part of Question 28 above, please explain on a separate sheet.*
34. Within the past three (3) years, has the Applicant Firm or predecessor 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.
35. What percentage of the Applicant Firm's accounts receivable are over ninety (90) days past due? _____
If more than 30%, please explain how the firm manages accounts receivables?
36. **Training and Supervision**
- a. Does the Applicant maintain a formal training program for new Lawyers with regard to office and court procedures?..... Yes No
 - b. Are all Associates under the direct supervision of a partner or officer? Yes No

INSURANCE COVERAGE HISTORY

37. List the Lawyers Professional Liability Insurance coverage carried by the Applicant Firm or predecessor firms during the past five (5) years, including any periods without coverage. **If no past coverage, indicate NONE.**

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Retention/Deductible	Number of Attorneys	Annual Premium
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					
___/___/___	___/___/___					

___/___/___	___/___/___					
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38. Provide the date of the Applicant Firm's first claims made policy (***maintained without interruption to date***):
 ___/___/___ (Month/Day/Year)

39. Does the Applicant Firm's current policy contain a prior acts limitation or retroactive date applicable to the Applicant Firm or any individual attorney?
 Yes No
 If **Yes**, please provide date: ___/___/___ Attach a copy of the endorsement.
 (Month/Day/Year)

40. Does the Applicant Firm's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant Firm?
 Yes No
 If **Yes**, please describe and attach a copy of the endorsement: _____

41. Has the Applicant Firm or any attorney for whom coverage is sought ever purchased an extended reporting period endorsement? If **Yes**, please provide details Yes No

CLAIM/INCIDENT INFORMATION

42. In the past six (6) years, has any professional liability claim or suit ever been made against the Applicant Firm or any predecessor firm or any current or former attorney of the Applicant Firm or predecessor firm? Yes No
 If **Yes**, please indicate how many _____ and complete a separate **Supplemental Claim Form** for each claim.

43. Does any attorney for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former attorneys of the Applicant Firm? Yes No
 If **Yes**, please indicate how many _____ and complete a separate **Supplemental Claim Form** for each incident.

44. Have all known claims and circumstances been reported to and accepted by a current or past insurer?..... Yes No
 If **No**, please provide details on a separate addendum.

45. Has any attorney for whom coverage is sought 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 on a separate sheet.

COVERAGE SELECTION

46. **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 | | |

\$ _____

47. **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 | \$ _____ |

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

Signature: _____ Title: _____

Print Name: _____ Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Insert name & address