

NEW ATTORNEY SUPPLEMENTAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

PLEASE CAREFULLY READ AND COMPLETE THIS APPLICATION. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

I. NEW ATTORNEY INFORMATION

1.1	Currently Insured Law Firm:					
1.2	Current Policy Number:					
1.3	Date Applicant Attorney Joined (Is Joining) Insured Law Firm:					
1.4	Please complete the following with respect to the attorney now joining the firm ("Applicant Attorney"):					
	Applicant Attorney Name	C/C*	State(s) Admitted to the Bar	Date(s) Admitted to the Bar	Date Joined (or Will Join) Insured Law Firm	Hours/Week Attorney will work for Insured Law Firm
	*CLASSIFICATION CODES (Indicate all that apply to Applicant Attorney.):					
	O – Officer, Director or Shareholder		P – Partner		IC – Independent Contractor	
	E – Employed Attorney (must be employee of the law firm)		PT – Part Time			
	C – Of Counsel Attorney		FT – Full Time			
1.5	Will at least one senior attorney of the Insured Law Firm review the clients and legal matters/cases that the Applicant Attorney proposes to bring to the Applicant Law Firm, for potential conflicts of interest?					<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6	Has the Applicant Attorney ever had an insurance company cancel, refuse to renew, or insure only subject to special terms, any professional liability insurance policy?					<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	Is the Applicant Attorney covered under any Extended Reporting Period?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", provide pertinent dates for such coverage:					
	Inception date:		Expiration date:			

II. PRIOR FIRMS OF APPLICANT ATTORNEY

2.1	Prior law firm information (attach separate sheet of paper if needed):					
	Name(s) of Prior Law Firm	Date(s) joined Prior Firm	Date(s) Left Prior Firm	Number of Attorneys at Prior Firm	Did Prior Firm carry Claims Made Professional Liability Insurance?	Is Prior Firm still active?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	List the areas of law practiced by Applicant Attorney at the most recent law firm he or she was practicing with: (Attach separate sheet of paper if needed.)					
	Area of Practice					% of Time
						%
						%
						%
						%
2.3	Will the Applicant Attorney provide services in any of the following Areas of Practice for the Insured Law Firm?					
	Construction Defect Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patent Searches, Opinions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Entertainment/Sports Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patent Prosecution/Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Environmental Law	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Transactions – Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Foreclosures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Transactions - Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Insurance Bad Faith (Plaintiff)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities or Bond Transactions/ Corporate Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	International Law/Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	(excluding private placements)			
	Tax Exchanges / 1031	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Tax Shelter Advice/Tax Law Opinions	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.4	Does Applicant Attorney also perform professional services as a:					
	Certified Public Accountant?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Investment Advisor or Financial Advisor?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Real Estate Broker or Real Estate Agent?					<input type="checkbox"/> Yes <input type="checkbox"/> No

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III. CLAIMS/CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with the Applicant Attorney and any individuals who may have knowledge or information about the matters described below.

3.1	Is Applicant aware of any claims, suits, investigations or disciplinary proceedings arising out of legal services rendered by Applicant Attorney at any of the Prior Firms listed in Section II?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	Is Applicant aware of any facts, circumstances, acts, errors or omissions by or involving Applicant Attorney that a reasonable person engaged in the practice of law would expect to be the basis of a professional liability claim, suit, investigation or disciplinary proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Has the Applicant Attorney been the subject of any bar complaint or investigation, ethics board complaint or investigation, disciplinary proceeding or similar proceeding within the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Has the Applicant Attorney ever been disbarred, had their license to practice law suspended, or been refused admission to practice law in any state or by any bar association, court or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Has the Applicant Attorney ever been convicted of any crime, or is any criminal indictment, proceeding or investigation pending against the Applicant Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The policy for which the Applicant is applying, if issued, will not insure: any claim, suit, investigation or disciplinary proceeding disclosed, or which should have been disclosed, in response to the above; or any claim, suit, investigation or proceeding that arises from any fact, circumstance, situation, transaction, event, act, error or omission disclosed, or which should have been disclosed, in response to the above.

IF YOU REPLIED "YES" TO ANY OF THE QUESTIONS IN III. CLAIMS AND INCIDENTS ABOVE, PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT. ALSO, PLEASE PROVIDE FIVE (5) YEARS OF LOSS INFORMATION WHEN SUBMITTING THIS APPLICATION.

IV. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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APPLICABLE IN KY, NY, OH AND PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

V. REPRESENTATIONS and SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Law Firm and the Applicant Attorney, the following:

- | | |
|----|--|
| a. | <i>After conducting due diligence, the statements in the furnished to the Company are accurate and complete;</i> |
| b. | <i>Those statements furnished to the Company are representations Law Firm makes on behalf of Applicant Attorney and all Insureds;</i> |
| c. | <i>Those representations are a material inducement to the Company to provide a premium proposal;</i> |
| d. | <i>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</i> |
| e. | <i>If there is any material change in the Applicant Attorney's circumstances or in the Applicant Attorney's activities, services, or to the answers provided in this Application by Law Firm, that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Law Firm will immediately report such material change to the Company in writing; and</i> |
| f. | <i>The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.</i> |

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

This Application must be signed by an authorized partner, officer or other principal of Law Firm shown in Question 1.1 of this Application.

Signature of Authorized Representative of Law Firm

Title

Type / Print Name of Authorized Representative

Date

E-mail address of Authorized Representative

Signature of Producer

Date