

11+ ATTORNEYS SUPPLEMENT

POLICY NUMBER _____

COMPANY USE ONLY



I. SUPPLEMENT INSTRUCTIONS

- A. WHENEVER USED IN THIS SUPPLEMENT THE TERM "**APPLICANT**" SHALL MEAN THE FIRM APPLYING FOR THIS INSURANCE, ITS PAST AND PRESENT ATTORNEYS AND STAFF, AND ANY PREDECESSOR FIRMS FOR WHICH COVERAGE IS SOUGHT.
- B. INCLUDE ALL REQUESTED INFORMATION AND ATTACHMENTS. PROVIDE A COMPLETE RESPONSE TO ALL QUESTIONS AND ATTACH ADDITIONAL INFORMATION IF NECESSARY TO ANSWER TRUTHFULLY AND COMPLETELY.
- C. COMPLETE EACH SECTION OF THIS SUPPLEMENT THAT PERTAINS TO THE APPLICANT'S PRACTICE AND CHECK THE APPROPRIATE BOX AT THE BEGINNING OF EACH SECTION TO INDICATE THE AREAS OF PRACTICE THAT DO NOT PERTAIN TO THE APPLICANT'S PRACTICE.
- D. COMPLETE THE DECLARATIONS AND SIGNATURE SECTION AT THE END OF THIS SUPPLEMENT.
- E. PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, STATE "N/A". IF ADDITIONAL SPACE IS NEEDED, PLEASE USE A SUPPLEMENTAL FORM WITH A REFERENCE TO THE QUESTION.

II. APPLICANT INFORMATION

A.

APPLICANT/FIRM NAME

SUITE STREET ADDRESS

CITY STATE ZIP CODE COUNTY

BUSINESS PHONE BUSINESS FAX E-MAIL

III. PLEASE COMPLETE THIS SECTION IF THE APPLICANT EMPLOYS 11 OR MORE ATTORNEYS

- A. **ARE THERE ANY PENDING NAME CHANGES, MERGERS OR ACQUISITIONS BY THE APPLICANT?** YES NO
IF YES, PLEASE ATTACH AN ADDENDUM EXPLAINING THE DETAILS OF SUCH NAME CHANGES, MERGERS, OR ACQUISITIONS AND WHETHER INSURANCE COVERAGE UNDER THIS POLICY IS CONTEMPLATED.
- B. **HAS THE NAME OF THE APPLICANT CHANGED OR HAS ANY OTHER FIRM OR ORGANIZATION COMBINED OPERATIONS WITH THE APPLICANT WITHIN THE LAST FIVE (5) YEARS PRIOR TO THE DATE OF THIS APPLICATION?** YES NO
IF YES, PLEASE EXPLAIN. _____
- C. **DO ANY OF THE APPLICANT'S ATTORNEYS HAVE A SPECIALTY CERTIFICATION FROM THE STATE BAR?** YES NO
IF YES, PLEASE IDENTIFY EACH SUCH ATTORNEY AS SPECIFIED BELOW.

NAME	SPECIALTY	YEARS CERTIFIED (YYYY - YYYY)

- D. **DOES THE APPLICANT EVER SUBCONTRACT WORK OUT TO OTHER FIRMS OR ATTORNEYS?** YES NO
IF YES, PLEASE DESCRIBE THE ARRANGEMENT WITH THE FIRM(S) AND ANY INSURANCE THE APPLICANT REQUIRES THEM TO CARRY.

III. 11 OR MORE ATTORNEYS (CONTINUED)

E. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE APPLICANT'S FIVE LARGEST CLIENTS ON THE BASIS OF GROSS BILLINGS IN THE MOST RECENT COMPLETED FISCAL YEAR:

CLIENT NAME	YEAR FIRST REPRESENTED	WORK PERFORMED (INCLUDING AREAS OF PRACTICE)	% OF GROSS BILLINGS

F. IN THE LAST THREE YEARS HAS THE APPLICANT REPRESENTED ANY FORTUNE 500 COMPANIES? YES NO

IF YES, PLEASE IDENTIFY THE CLIENT AND WORK PERFORMED: _____

G. DOES THE APPLICANT OR ANY OF ITS ATTORNEYS EVER EXERCISE DISCRETION OR CONTROL OVER ANY OF ITS CLIENT'S FUNDS, OTHER THAN CUSTODIAL? YES NO

IF YES, PLEASE DESCRIBE: _____

H. DOES THE APPLICANT OR ANY OF ITS ATTORNEYS EVER RENDER INVESTMENT ADVICE TO THE APPLICANT'S CLIENTS AND/OR MANAGE THE INVESTMENTS OF THE APPLICANT'S CLIENTS? YES NO

***PLEASE NOTE THAT THE POLICY FOR WHICH YOU ARE APPLYING WILL NOT COVER INVESTMENT ADVICE OR MANAGEMENT.**

I. PLEASE CHECK ALL THAT APPLY TO DESCRIBE THE APPLICANT'S POLICIES WITH REGARDS TO FILING SUITS FOR FEES:

- HAVE NO POLICIES HAVE WRITTEN POLICIES
- SUITS FOR FEES ARE PROHIBITED MAY BE BROUGHT BY ANY PARTNER MAY BE BROUGHT BY ANY ATTORNEY IN THE FIRM
- ALLOWED ONLY AFTER MANAGING PARTNER APPROVAL ALLOWED ONLY WITH MANAGEMENT COMMITTEE APPROVAL
- ALLOWED ONLY AFTER IT IS DETERMINED THE STATUTE OF LIMITATIONS FOR THE UNDERLYING WORK HAS EXPIRED

J. CHECK ALL THAT APPLY TO THE APPLICANT'S FIRM MANAGEMENT. DOES THE APPLICANT HAVE:

- A FULL TIME LAW FIRM ADMINISTRATOR A FULL TIME OFFICE MANAGER A RISK MANAGEMENT PARTNER
- AN ALA-MEMBER ADMINISTRATOR A MANAGEMENT COMMITTEE A FORMAL RISK MANAGEMENT PROGRAM
- A REQUIREMENT THAT NEW ATTORNEYS PARTICIPATE IN TRAINING THAT INCLUDES FIRM DOCKET, INTAKE AND CONFLICTS SYSTEMS
- A REQUIREMENT TO DO AN ANNUAL REVIEW OF EVERY ASSOCIATE'S WORK
- A REQUIREMENT TO DO AN ANNUAL REVIEW OF EVERY PARTNER'S WORK
- FORMAL PROCEDURES FOR THE MAINTENANCE & REVIEW OF CUSTODIAL FUNDS, CLIENT ACCOUNTS AND ESCROW FUNDS
- WRITTEN POLICIES FOR TRAINING AND REVIEW OF ATTORNEYS
- NONE OF THE ABOVE

K. PLEASE CHECK ALL THAT APPLY TO THE APPLICANT'S CLIENT SCREENING PROCEDURES.

WITH RESPECT TO NEW CLIENTS SCREENING, DOES THE APPLICANT:

- HAVE NO POLICIES OR PROCEDURES
- ALLOW ANY ATTORNEY TO ACCEPT A NEW CLIENT
- REQUIRE AN INDEPENDENT PARTNER'S APPROVAL BEFORE A NEW CLIENT'S ACCEPTANCE
- REQUIRE MANAGEMENT COMMITTEE OR AN OVERSIGHT COMMITTEE APPROVAL PRIOR TO ACCEPTANCE
- SEND A FIRM-WIDE COMMUNICATION ON THE POSSIBLE ENGAGEMENT PRIOR TO ACCEPTANCE
- REQUIRE A CONFLICTS CHECK BE PERFORMED BEFORE ACCEPTING A NEW CLIENT
- REQUIRE EVALUATION OF PROSPECTIVE CLIENTS, INCLUDING SUCH FACTORS AS THE PROSPECTIVE CLIENT'S FINANCIAL STRENGTH, REPUTATION, BUSINESS PRACTICES OR PROPENSITY TO CHANGE ATTORNEYS
- HAVE WRITTEN POLICIES FOR CLIENT SCREENING PROCEDURES
- OTHER (SPECIFY) _____

III. 11 OR MORE ATTORNEYS (CONTINUED)

L. PLEASE CHECK ALL THAT APPLY TO THE APPLICANT'S CONFLICT OF INTEREST PROCEDURES.

WITH RESPECT TO CONFLICT OF INTEREST CHECKING, DOES THE APPLICANT HAVE:

- | | |
|--|--|
| <input type="checkbox"/> NO POLICIES OR PROCEDURES | <input type="checkbox"/> WRITTEN POLICIES FOR CONFLICT OF INTEREST CHECKING |
| <input type="checkbox"/> INDEXES BY CLIENT NAMES | <input type="checkbox"/> INDEXES INCLUDING CURRENT AND FORMER CLIENTS |
| <input type="checkbox"/> MULTIPLE INDEX FILE CONFLICT/CLIENT CHECKING | <input type="checkbox"/> INDEXES INCLUDING CLIENTS OF MERGED OR ACQUIRED FIRMS |
| <input type="checkbox"/> INDEXES INCLUDING MATTERS APPLICANT HAS DECLINED | <input type="checkbox"/> INDEXES INCLUDING THE NAMES OF ADVERSE COUNSEL |
| <input type="checkbox"/> INDEXES INCLUDING THE NAMES OF ADVERSE PARTIES | <input type="checkbox"/> FIRM-WIDE CONFLICTS SYSTEMS INCLUDING ALL BRANCHES |
| <input type="checkbox"/> INDEXES INCLUDING CLIENT SUBSIDIARIES | <input type="checkbox"/> ORAL/MEMORY CONFLICT CHECKING |
| <input type="checkbox"/> CHECKING FOR CONFLICTS OF INTEREST ON ALL NEW MATTERS | <input type="checkbox"/> PROCEDURE FOR PROCEEDING ONCE A CONFLICT IS DETERMINED TO EXIST |
| <input type="checkbox"/> CENTRALIZED/FIRM-WIDE COMPUTERIZED CONFLICT CHECKING SYSTEM OR SOFTWARE | |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | |

M. PLEASE CHECK ALL THAT APPLY TO THE APPLICANT'S CLIENT COMMUNICATION POLICIES AND PROCEDURES.

DOES THE APPLICANT:

- HAVE NO POLICIES OR PROCEDURES
- REQUIRE THE USE OF NON-ENGAGEMENT LETTERS ON ALL DECLINED NEW MATTERS
- REQUIRE THE USE OF DISENGAGEMENT LETTERS AT THE CONCLUSION OF ALL MATTERS
- REQUIRE ENGAGEMENT LETTERS FOR ALL NEW CLIENTS
- ALLOW EACH INDIVIDUAL ATTORNEY TO USE THEIR DISCRETION IN WHETHER TO SEND AN ENGAGEMENT, NON-ENGAGEMENT OR DISENGAGEMENT LETTER
- REQUIRE THE USE OF FEE AGREEMENTS ON ALL NEW MATTERS
- HAVE STANDARD FORM ENGAGEMENT LETTERS THAT CAN BE CUSTOMIZED
- HAVE FORM NON-ENGAGEMENT LETTERS THAT INCLUDE REFERENCE TO APPLICABLE STATUTES OF LIMITATION
- SEND NON-ENGAGEMENT LETTERS BY REGISTERED OR CERTIFIED MAIL
- HAVE WRITTEN POLICIES ON CLIENT COMMUNICATIONS INCLUDING ENGAGEMENT LETTERS
- OTHER (SPECIFY) _____

N. PLEASE CHECK ALL THAT APPLY TO THE APPLICANT'S CALENDAR/DOCKET CONTROLS:

- | | |
|--|--|
| <input type="checkbox"/> HAVE NO SYSTEMS OR PROCEDURES | <input type="checkbox"/> AT LEAST TWO INDEPENDENT DATE CONTROLS |
| <input type="checkbox"/> DUAL ENTRY | <input type="checkbox"/> COMPUTERIZED |
| <input type="checkbox"/> INDIVIDUAL ATTORNEY CALENDARS | <input type="checkbox"/> DOCKET CLERK/ADMINISTRATOR |
| <input type="checkbox"/> MAINTAINED BY MULTIPLE DOCKET CLERKS/NON-ATTORNEYS | <input type="checkbox"/> MAINTAINED BY ONE DOCKET CLERK/NON-ATTORNEY |
| <input type="checkbox"/> TRACKING OF STATUTES OF LIMITATIONS | <input type="checkbox"/> TRACKING OF LITIGATED MATTERS |
| <input type="checkbox"/> TRACKING OF NON-LITIGATED MATTERS | <input type="checkbox"/> ALL BRANCH OFFICES INTEGRATED |
| <input type="checkbox"/> HAVE WRITTEN POLICIES FOR DOCKET CONTROL | |
| <input type="checkbox"/> ROUTINE, AT LEAST WEEKLY, CIRCULATION OF MASTER CALENDAR/DOCKET | |
| <input type="checkbox"/> REQUIREMENT THAT MANAGEMENT BE NOTIFIED IF DEADLINE ABOUT TO BE MISSED | |
| <input type="checkbox"/> PARTICIPATION IN DOCKET/CALENDARING SYSTEMS AT DISCRETION OF THE INDIVIDUAL ATTORNEYS | |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | |

O. DOES THE APPLICANT REFER CASES TO OTHER ATTORNEYS OR FIRMS?

YES NO

IF YES, CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> HAVE NO POLICIES OR PROCEDURES | <input type="checkbox"/> RESEARCH OR DETERMINE THE ATTORNEY'S COMPETENCE |
| <input type="checkbox"/> HAVE WRITTEN POLICIES ON REFERRALS | <input type="checkbox"/> VERIFY THAT THE ATTORNEY/FIRM CARRIES LEGAL MALPRACTICE INSURANCE |
| <input type="checkbox"/> REFER TO MORE THAN ONE ATTORNEY/FIRM | <input type="checkbox"/> ACCEPTS A REFERRAL FEE OR OTHER PAYMENT FOR THE REFERRAL |
| <input type="checkbox"/> DOCUMENT WITH A NON-ENGAGEMENT LETTER | |
| <input type="checkbox"/> HAVE A POLICY NOT TO ACCEPT REFERRAL FEES OR PAYMENT FOR THE REFERRAL | |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | |

P. PLEASE CHECK ALL THAT APPLY TO WEBSITES, BLOGS, OR OTHER ONLINE MEDIUMS USED OR MAINTAINED BY THE APPLICANT:

- | | |
|---|--|
| <input type="checkbox"/> USES FOR CLIENT REFERRALS | <input type="checkbox"/> ACCEPTS NEW CLIENTS OR SCREENS NEW CLIENTS |
| <input type="checkbox"/> GATHERS INFORMATION ABOUT POTENTIAL CLIENTS | <input type="checkbox"/> ROUTINELY PROVIDES INFORMATION TO THE PUBLIC ABOUT LEGAL ISSUES |
| <input type="checkbox"/> MAINTAINS A LEGAL BLOG, CHAT ROOM, OR BULLETIN BOARD | <input type="checkbox"/> NONE OF THE ABOVE |

Q. IDENTIFY ALL SUCH WEBSITES, BLOGS, CHAT ROOMS, BULLETIN BOARDS OR OTHER ONLINE MEDIUMS OTHER THAN THE APPLICANT'S

WEBSITE ALREADY IDENTIFIED IN THIS APPLICATION: _____

IV. PLEASE READ AND SIGN

THE APPLICANT SHALL IMMEDIATELY INFORM THE COMPANY IF ANY STATEMENTS MADE ON THIS APPLICATION (INCLUDING ATTACHMENTS) WERE INACCURATE OR MISLEADING WHEN SUBMITTED, OR ARE NO LONGER ACCURATE, OR HAVE BECOME MISLEADING. IN THE EVENT THAT THE APPLICANT'S STATEMENTS ARE REASONABLY DETERMINED BY THE COMPANY TO BE UNTRUE OR MISLEADING THEN IT SHALL HAVE THE RIGHT TO VOID THE POLICY AS OF THE DATE OF THE INCORRECT OR MISLEADING STATEMENT. IT SHALL ALSO HAVE THE RIGHT TO INCREASE THE PREMIUM, DEDUCTIBLES OR RETENTIONS CONSISTENT WITH HOW IT MIGHT HAVE RESPONDED IF FULLY ACCURATE AND NON-MISLEADING INFORMATION HAD BEEN SUBMITTED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR OBLIGATE THE COMPANY TO OFFER COVERAGE. THE COMPANY'S RECEIPT OF THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE COVERAGE MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS PROFESSIONAL INSURANCE EXPOSURES.

THE APPLICANT HEREBY AUTHORIZES AND DIRECTS ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THE COMPANY, AND ITS AGENTS OR REPRESENTATIVES, ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO INSURABILITY UNDER THE POLICY. THE APPLICANT FURTHERMORE AUTHORIZES THE RELEASE OF ALL SUCH INFORMATION BY THE COMPANY AS REQUIRED BY LAW TO ANY GOVERNMENTAL AGENCY OR PROFESSIONAL SOCIETY OR ASSOCIATION.

THE APPLICANT FURTHERMORE RELEASES AND AGREES TO HOLD HARMLESS THE COMPANY, AND ALL OF ITS AGENTS AND REPRESENTATIVES, ANY PRIOR INSURER, GOVERNMENTAL AGENCY, OR PROFESSIONAL SOCIETY OR ASSOCIATION FROM ANY LIABILITY ARISING OUT OF THE RELEASE OR REVIEW OF ANY AND ALL INFORMATION RELEASED OR FURNISHED PURSUANT TO THIS AUTHORIZATION AND APPLICATION FOR INSURANCE, NOTWITHSTANDING THE FACT THAT THERE MAY BE ERRORS, OMISSIONS, OR MISTAKES CONTAINED IN SUCH RELEASED INFORMATION.

SIGNATURE OF AUTHORIZED INDIVIDUAL

TITLE

DATE

PRINT NAME

V. FRAUD NOTICE

UNDER THE LAWS OF YOUR STATE, IT MAY BE A CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY. PENALTIES FOR FRAUD MAY RESULT IN ONE OR MORE OF THE FOLLOWING: IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

PLEASE INITIAL THE STATEMENTS ON THE FOLLOWING PAGES FOR THE STATES APPLICABLE TO THE COVERAGE BEING APPLIED FOR.

MANDATORY: ALL APPLICANTS MUST READ AND INITIAL THE FOLLOWING UNLESS IN ONE OF THE STATES BELOW:

ANY PERSON WHO KNOWINGLY 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 ALSO PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES IN CERTAIN JURISDICTIONS.

INITIAL HERE

VI. FRAUD NOTICE - STATE STATUTORY REQUIREMENT

MANDATORY: ALL FLORIDA APPLICANTS MUST READ AND INITIAL THE FOLLOWING FRAUD WARNING:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

INITIAL HERE

MANDATORY: ALL LOUISIANA APPLICANTS MUST READ AND INITIAL THE FOLLOWING FRAUD WARNING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

INITIAL HERE

MANDATORY: ALL NEW JERSEY APPLICANTS MUST READ AND INITIAL THE FOLLOWING FRAUD WARNING:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

INITIAL HERE

MANDATORY: ALL NEW MEXICO APPLICANTS MUST READ AND INITIAL THE FOLLOWING FRAUD WARNING:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

INITIAL HERE

MANDATORY: ALL NEW YORK APPLICANTS MUST READ AND INITIAL THE FOLLOWING 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.

INITIAL HERE

MANDATORY: ALL WASHINGTON APPLICANTS MUST READ AND INITIAL THE FOLLOWING FRAUD WARNING:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

INITIAL HERE