

## Lawyers Professional Liability Insurance Renewal Application

Nationl Union Fire Insurance Company of Pittsburgh, Pa.  
1271 Ave of the Americas FL 37  
New York, NY 10020-1304  
(A capital stock company, herein called the Company)

THE POLICY FOR WHICH YOU ARE APPLYING IS A CLAIMS MADE POLICY. IT APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD AND ANY APPLICABLE EXTENDED REPORTING PERIOD, AS THOSE TERMS ARE DESCRIBED IN THIS POLICY. PLEASE REVIEW THIS POLICY CAREFULLY AND DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

CLAIM EXPENSES MAY REDUCE AND EXHAUST THIS POLICY'S LIMITS OF LIABILITY AND MAY BE SUBJECT TO THE POLICY'S DEDUCTIBLE. PLEASE DISCUSS THIS WITH YOUR INSURANCE AGENT OR BROKER.

### 1. Application Firm Information

Firm Name:	Customer Number:
Address:	Phone:
Suite/Appt:	Fax:
City:	Website:
State:	Email:
Zip Code:	Country:
Application Firm is:	Sole Proprietorship    Partnership    Corporation    Association    LLP    LLC    Other
Primary Contact:	Email:

Please complete the following questionnaire regarding changes to the Applicant Firm during the last twelve (12) months:

1. Has the Applicant Firm made any of the following changes to its personnel?
 

a) <u>Added attorneys? If yes, please complete the New Lawyer Supplement</u>	Yes	No
b) <u>Deleted attorneys? If yes, please provide name of attorney and date attorney left the Applicant Firm</u>	Yes	No
c) <u>Changed the status of any attorney?</u> <i>If yes, please list any attorney going from part time (less than 26 hours per week) to full time or vice versa on a separate page</i>	Yes	No
d) <u>Added or deleted its firm administrator? If no firm administrator, check the box N/A</u> N/A	Yes	No
  
2. In the past year, has there been any change to the total annual hours of service rendered on behalf of the firm by all "of counsel", independent contractor or per diem Lawyers?                      Yes      No  
*If yes, please indicate the total annual hours of OC/IC/PD:* \_\_\_\_\_
  
3. Has the Applicant Firm's letterhead changed? If yes, please provide a copy of the new letterhead for file.                      Yes      No
  
4. Has the Applicant Firm made any changes to the following practice management or office procedures:

a) <u>Docketing or conflict of interest systems?</u>	Yes	No
b) <u>Engagement/non-engagement/disengagement letters?</u>	Yes	No

*If yes to any of the above, please provide details on a separate page.*

5. Has the Applicant Firm changed its scope of practice in any of the following ways:
- a) Changed its percentage of practice devoted to any specific area by 5% or more? Yes No  
*If yes, please complete the enclosed Area of Practice Grid and the appropriate supplements.*  
*If no, please complete the appropriate supplements for your firm's areas of practice*
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- b) Added a new area of practice? Yes No  
*If yes, please complete the enclosed Area of Practice Grid and the appropriate supplements*
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- c) Has the Applicant Firm increased the number of high-profile clients? Yes No
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- d) Has the Applicant Firm increased the number of clients for whom Applicant Firm has discretionary investment authority? Yes No
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- e) Has the number of clients that individually account for more than twenty five percent (25%) of the Applicant Firm's billings? Yes No  
*If yes to c), d) or e) above, please provide details on a separate page.*
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6. How many CLE hours has the firm completed in the last 12 months?
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7. Has any firm attorney changed his or her outside service or interest in any of the following capacities?
- a) As a director, officer, partner, or trustee of an outside entity? Yes No
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- b) Exercise of fiduciary control in any client or any business venture with a client? Yes No
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- c) Possession of any equity interest in any client or any business venture with a client? Yes No  
*If yes, to any of the above, please complete the Outside Interests supplement.*
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8. Has anyone in the firm been disbarred, suspended or refused admission to the Bar, or the subject of any disciplinary or criminal action or investigation in the past 12 months? Yes No  
*If yes, please provide details and attach all relevant documents on a separate page.*
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9. With respect to billings and fees, has the Applicant Firm sued a client for unpaid fees in the past 12 months or had greater than 20% of its billings past due more than 90 days? Yes No  
 If yes, please indicate how many fee suits
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10. Has the Applicant Firm had any claims/suits made against the applicant, predecessor firms or any individuals in the past 12 months that have not been reported to the Company? Yes No  
*If yes, please complete the Claims Supplement.*
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11. Does anyone in the Applicant Firm have knowledge of any circumstance, act, error, or omission that could result in a professional liability claim under this policy? Yes No  
*If yes, please complete the Claims Supplement.*
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12. Has the Applicant Firm provided legal services for a cannabis industry client? Yes No
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13. Has the Applicant Firm provided legal services for a cryptocurrency or blockchain client? Yes No  
*If "yes," please complete the Cryptocurrency Industry Supplement*
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**Signature**

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member, or officer, acting on behalf of the applicant and all others to be insured, hereby,

- (A) declares after diligent inquiry that the above statements and particulars are true and that no material facts have been omitted or misstated to the best of his or her knowledge:
- (B) understands and agrees that the completion of this application does not bind the Company to issue nor the Applicant Firm to purchase the insurance; and
- (C) acknowledges that (1) this application will be the basis of the policy, if issued; (2) all written statements and material furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and (3) if the Company issues a policy, the Company will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into this application.

By signing, I acknowledge and hereby provide consent to receiving Electronic Delivery of all documentation. If I want to withdraw my consent to Electronic Delivery, I will send an e-mail to [affinitylawyersadmin@aon.com](mailto:affinitylawyersadmin@aon.com) and request such a change.

**Sign & Date in ink**

*Signature of Owner, Partner or Officer*

*Date*

*Print Name*

*Title*

**IMPORTANT NOTICES**

**NOTICE TO KANSAS APPLICANTS:** 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 THAT 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.

## 2. Area of Practice

Note: Only complete below if you answered "Yes" to either question 5a or 5b.

Please indicate below the percentage of the Applicant Firm's gross revenues in the most recent fiscal year derived from each area of practice:

### Group 1

Admiralty/Maritime	%	Election & Campaign	%
Administrative (Social Security Disability)	%	ERISA/Employee Benefits/Executive Compensation	%
Agricultural	%	Employment	%
Alternative Dispute (Arbitration/Mediation)	%	Family	%
Antitrust/Trade Regulation	%	Governmental (Non-Contracts, Non-Lobbying)	%
Appellate – Criminal	%	Governmental Contracts	%
Appellate – Civil	%	Governmental Relations/Lobbying	%
Aviation & Aerospace	%	Healthcare (Non-Malpractice)	%
Bankruptcy	%	Immigration	%
Business/Commercial – General & Contracts	%	Indigent Legal Services	%
Civil Litigation – Defense other than Insurance	%	Insurance (Non-Defense)	%
Civil Litigation – Insurance Defense	%	International Trade	%
Civil Rights	%	Labor – Management	%
Communications	%	Labor – Unions	%
Constitutional	%	Military	%
Construction	%	Municipal (other than Securities)	%
Corporate General	%	Probate/Trust/Wills/Estates	%
Criminal	%	Tribal & Native Populations	%
Education	%	Workers Compensation/Defense	%
Elder Law	%	Workers Compensation/Plaintiff	%
<b>GROUP 1 SUB-TOTAL:</b>			%

### Group 2

Banking & Finance	%	Investment Counseling	%
Bonds	%	Mergers & Acquisitions	%
Civil Litigation – Legal Malpractice	%	Natural Resources/Mining & Minerals/Oil & Gas/Energy	%
Civil Litigation – Mass Tort/Class Action	%	Real Estate – Residential	%
Civil Litigation – Medical Malpractice	%	Real Estate – Commercial	%
Civil Litigation – Not Otherwise Classified	%	Real Estate – Syndication/Development	%
Civil Litigation – Other Malpractice	%	Real Estate – Title Work	%
Civil Litigation – Personal Injury	%	Real Estate – Condo Offering	%
Civil Litigation – Products Liability	%	Real Estate – Foreclosure/Loan Workout	%
Corporate Formation (other than M&A)	%	Securities – Publicly Traded	%
Debtor & Creditor/Collections	%	Securities – Private Placement	%
Entertainment/Sports/Fine Art/Media/Public Figures	%	Tax – Individuals	%
Environmental	%	Tax – Opinions/Corporate	%
Intellectual Property	%		
<b>GROUP 2 SUB TOTAL</b>			%

**COMBINED TOTAL (MUST = 100%)** %

Please complete the corresponding Area of Practice Supplemental application for any revenue in any section of "Group 2"