

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) Added attorneys? If yes, please complete the New Lawyer Supplement Yes No
 - b) Deleted attorneys? If yes, please provide name of attorney and date attorney left the Applicant Firm Yes No
 - c) Changed the status of any attorney? Yes No
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
 - d) Added or deleted its firm administrator? If no firm administrator, check the box N/A 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) Docketing or conflict of interest systems? Yes No
 - b) Engagement/non-engagement/disengagement letters? 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
-
- b) Added a new area of practice? Yes No
If yes, please complete the enclosed Area of Practice Grid and the appropriate supplements
-
- c) Has the Applicant Firm increased the number of high-profile clients? Yes No
-
- d) Has the Applicant Firm increased the number of clients for whom Applicant Firm has discretionary investment authority? Yes No
-
- 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.
-
6. How many CLE hours has the firm completed in the last 12 months?
-
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
-
- b) Exercise of fiduciary control in any client or any business venture with a client? Yes No
-
- 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.
-
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.
-
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
-
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.
-
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.
-
12. Has the Applicant Firm provided legal services for a cannabis industry client? Yes No
If "yes," please complete the Cannabis Industry Supplement
-
13. Has the Applicant Firm provided legal services for a cryptocurrency or blockchain client? Yes No
If "yes," please complete the Cryptocurrency Industry Supplement
-

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.

Sign & Date in ink

Signature of Owner, Partner or Officer

Date

Print Name

Title

Florida and New Hampshire Producers: Please provide your name and the additional information required by your state, as indicated below:

Agent/Producer Name:

Agent/Producer License Number (Florida and Iowa only):

Agent/Producer Signature (New Hampshire only): _____

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	%
GROUP 1 SUB-TOTAL:			%

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	%		
GROUP 2 SUB TOTAL			%

COMBINED TOTAL (MUST = 100%) %

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

IMPORTANT NOTICES

For Utah Applicants Only: The Application and all relevant documents will be attached to the policy at the time of delivery.

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO 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.

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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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.

