Lawyers Professional Liability Insurance New Business Application

National 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 Fi	rm Information										
Firm Name:				Phone:							
Address:											
Suite/Appt:											
City:											
State:				Zip							
Application Firm is:	Proprietorship	Partn	ership (Corporatio	n <i>i</i>	Associatio	n	LLP	LLC	Oth	ner
Year Applicant Firm Es	tablished:	Prir	nary Contac	:t:		Err	nail:				
Does the Applicant Firn If, "yes," please explain	-		ce locations?	?						Yes	No
Does any lawyer of the <i>lf, "yes," please explain</i>			jurisdictions	s outside of	the Ur	nited States	s?			Yes	No
2. Limits Reques	ted – Per Claim/A	ggreg	ate			_					
\$100,000/\$300,000			0,000/\$500,			\$1,000,00					
\$250,000/\$500,000			0,000/\$1,00			\$1,000,00					
\$250,000/\$750,000)	\$1,	000,000/\$1,0	000,000		\$2,000,00	0/\$2	,000,000			
Other:											
3. Deductible Re \$0 \$1000	quested \$2,500 \$5,00	0	\$10,000	¢15.000	۰ ¢	25.000	ሰ ር በ	000	Other		
	. , . ,			\$15,000	φ	25,000	φου),000	Other		
	ist all Lawyers to l e "of counsel", ind			ors or per o	diem lav	wvers)					
	me		Status Designation Code*	State	e(s) ted to	Year Fi Admitte Bar		Date of Hire		/idual Exclu Date	
1.											
2.		ĺ									-
3.		Î							Ì		
4.											
5. * S – sole proprietor PT – part-time lawyer	P – partner/m working less than 2			E – employ Note: Atta			et if n	ecessary.			
Total hours of service pe and per diem lawyers Total number of lawyers Total hours of CLE per	er year provided to a who left the Applic	Applic	ant Firm by "	of counsel							
NON-LAWYER STAFF											
Total Non-Lawyer Staff	otal Non-Lawyer Staff: Firm Adr				No						

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5. Area of Practice

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 and 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"

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A.	 In the last three (3) years: 1. Has the Applicant Firm provided legal services for a cannabis industry client? <u>If "yes," please complete the Cannabis Industry Supplement</u> 	_ Yes	No				
	2. Has the Applicant Firm provided legal services for a cryptocurrency or blockchain client? <u>If "yes," please complete the Cryptocurrency Industry Supplement</u>	Yes	No				
В.	Does the Applicant Firm have any high-profile clients who are entertainers, sports figures, or public officials?						
	If "yes," please complete the Entertainment/Sports/Public Figures Supplement	Yes	No				
C.	Does the Applicant Firm have discretionary investment authority for any clients? <i>If "yes," please list the total number of clients</i>	Yes	No				
	1. Does any one client account for more than \$500,000?	Yes	No				
	2. Is the authority limited and in writing?	Yes	No				
D.	D. In the last three (3) years, has any attorney with the Applicant Firm represented any financial institution; acted as SEC counsel, regulatory counsel, or general counsel of any financial institution; acted as director, officer or committee member of or held any equity interest in any financial institution?						
	(Financial Institution means any savings and loan association, bank, credit union, saving bank, banking and loan Association, commercial banking institution or any subsidiary or lending affiliate thereof.)	Yes	No				
E.	If "yes." please complete the Financial Institutions Supplement. Does any attorney with the Applicant Firm have any equity interest in, serve as director, officer, trustee (other than estate trusts), partner or employee of; exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? If "yes," please complete the Outside Interests Supplement	Yes	No				
	 F. In the last three (3) years, has any attorney with the Applicant Firm provided legal services in any way related to intellectual property matter that include patent infringement counseling, domestic or foreign patent prosecution, patent searches or filings? 6. Claims, Incidents & Disciplinary Actions 						
Aft	ter inquiry, has any lawyer to be insured under this policy:						
Α.	Ever had professional liability insurance cancelled or non-renewed? Missouri Applicants Need Not Reply If "Yes", please explain by attachment	Yes	No				
B.	Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, been convicted or plead guilty to a crime, or been refused admission to the Bar? <i>If "Yes", please explain by attachment</i>	Yes	No				
C.	Been the subject of a professional liability claim or suit in the last three (3) years?	Yes	No				
D.	Had knowledge of any circumstance, act, error, or omission that could result in a professional liability claim under this policy? If "Yes", to C. or D. above, please complete a Claims Supplement for <u>each</u> instance	_ Yes	No				
	7. Firm Policies & Procedures						
	Does the Applicant Firm:						
Α.	A. Use engagement letters on all new matters?						
	3. Require clients to sign engagement letters/agreements?						
C.	Use non-engagement and disengagement letters?	□ Yes	No				
D.	Does the firm's engagement letter include any of the following? (check all that apply):						
	Scope of Representation Attorney Fees Arbitration Language						
	Document Retention Post-Closing Matters Fund Transfer Proceed						
	Waiver Language for Joint Client Responsibilities (Prevention of invoice Representation	e or wire fra	aud)				

E.	Use a computerized system for identifying conflicts?	Yes	No			
F.	Cross-check conflicts by former, existing and potential clients?					
G.	Cross-check conflicts by predecessor, merged or acquired firms?					
Η.	Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists?	Yes	No			
I.	Allow attorneys to enter into business with Applicant Firm clients?	Yes	No			
J.	Require disclosure if such relationships are permitted?	Yes	No			
K.	Maintain a calendar system using these methods:					
	Single Calendar	Yes	No			
	Dual Calendar	Yes	No			
	Computer	Yes	No			
L.	Have a computerized system to alert of approaching statute of limitation deadlines?	Yes	No			
Μ.	Use two individuals to maintain its calendar system?	Yes	No			
N.	Update its calendar system at least weekly?	Yes	No			
0.	If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e., vacation, etc.)	Yes	No			
Ρ.	How many times has the Applicant Firm sued a client for unpaid fees in the last 3 years?	Yes	No			
Q.	Does any single client account for more than twenty-five percent (25%) of the Applicant Firm's gross annual billings? If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.	Yes	No			
R.	What percentage of the Applicant Firm's billings are past due more than 90 days?	Yes	No			
S.	Prior to any fund transfer, are all requests double checked by telephoning the authorizing party to assure legitimacy and accuracy of the intended receiver's account? N/A <i>If the Applicant Firm doesn't hold client funds, please mark as N/A</i>	Yes	No			

8. Prior Insurance

A. Current Prior Acts Exclusion Date or Retroactive Date

Inception From (MM/DD/YYYY)	Expiration to (MM/DD/YYYY)	Insurance Company	Limits of Liability	Deductible	Premium

ls	the ap	oplicant	being	covered	by ar	n Extended	Reported	Period E	Endorsemen	t?
lf '	'yes,"	please	attach	details.	-					

Yes No

9. Signature

Please read carefully and sign below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the Applicant Firm 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 above 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 and request such a change

Sign and date in ink

Signature of Owner, Partner or Office

Date

Name (please print)

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 COMMITS A FRAUDULENT INSURANCE ACT.