



PrimeWest Insurance Group

THE HARTFORD PREMIER LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important all questions are answered accurately. This application may ask for details on activities for which no coverage is provided. Please consult with your broker or insurance agent for details on your proposed coverage. **If additional space is required, please provide complete details on Firm's letterhead.** This application and all supplements must be signed and dated by a principal of the firm.

Coverage Selection

1. Limits of Liability Requested:

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 | <input type="checkbox"/> \$9,000,000/\$9,000,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$6,000,000/\$6,000,000 | <input type="checkbox"/> \$10,000,000/\$10,000,000 | \$ _____ |
| <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> \$7,000,000/\$7,000,000 | | |
| <input type="checkbox"/> \$4,000,000/\$4,000,000 | <input type="checkbox"/> \$8,000,000/\$8,000,000 | | |

2. Deductible Amount Requested:

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$200,000 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$35,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$150,000 | <input type="checkbox"/> \$250,000 | \$ _____ |

General Information

3. Name of Firm: _____

Principal Address: _____
 (Street/City/State/Zip)

4. Since the completion of the Firm's last application:

- a. Has the Firm's letterhead changed? *If "Yes", please provide a copy.....* Yes No
- b. Has the Firm opened or closed any offices? *If "Yes", please provide details.....* Yes No
- c. Has the Firm merged with any other firm, acquired control of any firm or changed your business structure or location? *If "Yes", please provide details.....* Yes No
- d. Has the Firm changed the management structure or leadership of the Firm?..... Yes No

5. Has the Firm made any changes in its advertising or undertaken any new types? Yes No
If "Yes", please indicate type of change and attach a copy of the new advertisement or transcript.

7. Provide the total number of non-attorney employees:

Law Clerks	Paralegals	Investigators	Abstractors	Title Agents	Clerical	Other

8. Indicate gross annual revenue for Firm: Last Calendar Year: \$ _____

Estimate for Current Calendar Year: \$ _____

9. Have there been any changes since the Firm's last application to any client representing more than 5% of the Firm's gross annual revenues? Yes No
If "Yes", please provide name of client, industry, legal services provided and the percentage of income.

Areas of Practice

10. Based on the Firm's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%.**

Area of Practice	Last Year	Current Year	Area of Practice	Last Year	Current Year
Admiralty/Maritime – Defense	%	%	Intellectual Property ⁽²⁾	%	%
Admiralty/Maritime – Plaintiff ⁽⁶⁾	%	%	Investment Counseling/Money Management	%	%
Antitrust/Trade Regulation	%	%	Labor Law – Management	%	%
Arbitration/Mediation	%	%	Labor Law – Union	%	%
Banking/Financial Institutions ⁽¹⁾	%	%	Labor Litigation- Defense	%	%
Bankruptcy	%	%	Litigation – Defense	%	%
BI/PI – Defense	%	%	Litigation – Plaintiff ⁽⁶⁾	%	%
BI/PI – Plaintiff ⁽⁶⁾	%	%	Litigation-General	%	%
Class action – Plaintiff ⁽⁶⁾	%	%	Municipal/Governmental – Zoning & Planning	%	%
Class action -Defense	%	%	Municipal/Governmental – Other (Not Bonds)	%	%
Collection/Repossession/Foreclosures	%	%	Oil/Gas/Minerals	%	%
Communication/FCC	%	%	Public Utilities	%	%
Corporate -(Mergers & Acquisitions)	%	%	Real Estate – Commercial ⁽⁴⁾	%	%
Corporate -(Formation/Alteration)	%	%	Real Estate – Escrow Agent ⁽⁴⁾	%	%
Corporate – (General)	%	%	Real Estate – Residential ⁽⁴⁾	%	%
Commercial Law	%	%	Real Estate – Title Work ⁽⁴⁾	%	%
Criminal	%	%	Real Estate – Syndication/Development ⁽⁴⁾	%	%
Family Law	%	%	School Law	%	%
Employee Benefit Plans/ERISA	%	%	Securities/Bonds/Secured Transactions ⁽⁵⁾	%	%
Entertainment/Sports ⁽³⁾	%	%	Social Security/Elder Law	%	%
Environmental	%	%	Tax – Corporate/Business ⁽⁷⁾	%	%
			Tax – Opinions/ Shelters ⁽⁷⁾	%	%
Foreign (Non-U.S. Law)/International	%	%	Tax – Individual ⁽⁷⁾	%	%
Healthcare	%	%	Wills/Estate Planning/ ⁽⁸⁾ Probate/Trusts	%	%
Immigration	%	%	Workers Compensation – Defense	%	%
Insurance Defense	%	%	Workers Compensation – Plaintiff ⁽⁶⁾	%	%
			Other (Describe)	%	%
			The Total must equal 100%	%	%

If the Firm practices in any area(s) with a numerical notation(s), complete the associated **Supplement** as follows:

(1) = Financial Institutions (3) = Entertainment (5) = Securities (7) = Taxation
(2) = Intellectual Property (4) = Real Estate (6) = Plaintiff Litigation (8) = Trustee

(Supplements only need to be completed if the Area of Practice is new to the Firm or the indicated percentage is an increase of more than 10% from last year)

Attorney Information

- 11. Indicate the total number of attorneys in the Firm this year: _____ and complete the **Attorney Information Supplement**.
- 12. Indicate the total-number of hours of continuing legal education (CLE) for all attorneys within the past twelve months: _____
- 13. Since the completion of the Firm's last application, have any lawyers;
 - a. Joined the Firm that have not been previously reported to us? Yes No
If "Yes", please complete a **New Lawyer Information Supplement**.
 - b. Left the Firm that have not been previously reported to us? Yes No
If "Yes", please provide name of attorney(s) and date(s) of departure.
- 14. Since the completion of the Firm's last application, have there been any changes regarding the following:
 - a. Any attorney of the Firm acting as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? Yes No
If "Yes", please indicate the number of hours performed per week and whether services are performed on behalf of the Firm or independently contracted.
 - b. Any attorney or non-attorney of the Firm providing professional services as an accountant, insurance agent or broker, investment adviser, real estate agent or broker or securities agent or broker? Yes No
If "Yes", please indicate name, type of services provided, percentage of time spent, under which name these services are provided, professional liability carrier, limit of liability and copy of letterhead used.
 - c. Any attorney or former attorney of the Firm providing any legal services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution?.. Yes No
If "Yes", please complete the **Financial Institution Supplement**.
 - d. Any attorney or former attorney of the Firm providing legal services:
 - 1. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No
 - 2. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No
 If "Yes", please complete the **Securities Supplement**.
 - e. Any attorney or former attorney of the Firm providing legal services to help create, or write an opinion involving a tax shelter transaction Yes No
If "Yes", please complete the **Taxation Supplement**.

Systems and Procedures

15. Since the completion of the Firm's last application, have there been any changes made in the following areas of firm management and administration since your last application?

- | | | | |
|----------------------------------|--|--------------------------------|--|
| Docket Control | <input type="checkbox"/> Yes <input type="checkbox"/> No | Client Communication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acceptance of New Clients ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fee Collection Practices | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conflict of Interest System | <input type="checkbox"/> Yes <input type="checkbox"/> No | Firm management procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "Yes," please provide complete details on a separate sheet.

- 16. Since the completion of the Firm's last application:
 - a. Has any current or former attorney of the Firm or predecessor firm served as an officer, director, partner, employee, principal shareholder or member of any client? Yes No
If "Yes", please complete the **Outside Interest Supplement**.
 - b. Has any current or former attorney (including their spouse) of the Firm or predecessor firm owned an equity interest in any client? If "Yes", please complete the **Outside Interest Supplement**. Yes No
 - c. Has any current or former attorney of the Firm or predecessor firm served as a trustee or fiduciary such as an administrator, conservator, executor, guardian, receiver, escrow agent of any client? Yes No
If "Yes", please complete the **Trustee Supplement**.
 - d. Has the Firm sued to collect fees or threatened to do so? Yes No
If "Yes", please indicate number _____ and explain the steps being taken to prevent countersuits for malpractice.

Claim/Incident Information

17. Since the completion of the Firm's last application, has the Firm or any attorney of the Firm been made aware of a claim or circumstances that could result in a claim or has there been a change in the status of any claim reported to other insurance companies within the past five years? Yes No
If "Yes", please indicate how many ____ and complete a separate **Supplemental Claim Form** for each claim.
18. Since the completion of the Firm's last application, has any attorney of the Firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities? Yes No
If "Yes", please provide details.

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: 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."

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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.

LOUISIANA 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.

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.

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

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.

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.

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."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE 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.

VIRGINIA 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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

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."

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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

Signature: _____ Title: _____

Print Name: _____ Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

PrimeWest Insurance Group
245 Fort Pitt Blvd. 3rd Fl. Pittsburgh PA 15222
877-656-0427 ph 888-821-8814 fax