

PART-TIME ATTORNEY PROFESSIONAL LIABILITY INSURANCE APPLICATION
This as an application for a Claims-Made and Reported Policy

ZURICH-AMERICAN
INSURANCE GROUP

<p>1. _____ Name</p> <p>2. _____ Principal Business Address (INCLUDING COUNTY)</p> <p>_____</p>	<p>3. Business phone (Include Area Code) _____</p> <p>Social Security Number _____</p> <p>Year Admitted to the bar _____ Years in Practice _____</p> <p>Average hours worked per week as an attorney _____</p> <p>Full time occupation (other than the practice of law) _____</p>
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4. Indicate if your area of practice currently includes, or has ever included:
- | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | Past | Current | NA | | Past | Current | NA |
| (a) limited partnerships, stocks, bonds, syndications, tax shelters, or other securities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (e) oil and gas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) work done for financial institutions (other than collections)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (f) money management or investment counseling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) plaintiff personal injury/bodily injury/workers compensation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (g) tax opinions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) entertainment clients? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (h) environmental law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* If your past or present areas of practice include any of the above (4 a-h), please provide description of services. Include the number of hours involved in this area of practice

5. Do you have a date/docket control system (calendars, etc.)? if "No", please explain on an attachment Yes No
6. (a) Have you ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? If "Yes", please explain on an attachment. Yes No
- (b) Have you ever been the subject of reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency as a result of professional activities? If "Yes" please provide a copy of such action Yes No
- (c) During the last 10 years has any professional liability claim or suit been made against you? If "Yes", complete the reverse side. Yes No
- (d) Do you know of any circumstance, act, error, or omission that could result in a professional liability claim against you? If "Yes", complete the reverse side. Yes No

7. List the lawyers professional liability insurance which you, your firm or previous firms carried for the last 4 years. Also show if an extended claims reporting period provision was exercised. If you had no prior insurance, indicate "None".

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Policy Number	Limit of Liability	Deductible (If any)	Extended Reporting	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

9. (a) Limits of Liability desired: \$100,000/\$300,000 \$500,000/\$1,000,000 \$200,000/\$600,000 \$1,000,000/\$1,000,000
- (b) Deductible Desired \$1,000 \$2,500
- (c) Effective date desired:

Notice to Applicant - Please Read Carefully

The information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated herein, should the Company evidence its acceptance of this application by issuance of a policy. I do not spend more than 26 hours per week on average in the practice of law. I hereby authorize the release of claim information from any prior insurer to the Company indicated above.

NOTE: In applying for coverage, I agree that in the event of covered losses, I will be required to be defended by the Company's appointed lawyers and the deductible shall apply to loss and in part to claim expenses, adjusting expenses, investigation costs, and legal fees. If I elect to handle a claim without in any way involving the Company, then no coverage for such claim is afforded under the policy.

I understand and accept that the policy applied for provides coverage on a "claims-made" and reported basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy unless I exercise the options available in accordance with the terms of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

<p>Signing this form and tendering premium does not bind the Applicant or the Company to complete the insurance. Application must be signed to be considered for quotation.</p>	<p>Applicant's Signature</p>	<p>Date</p>
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The Insurance Company will not accept suit papers. Each question on the form must be answered completely.

Supplemental Claim Information

Applicant Instructions - Please type or print

- 1. Complete one form for each claim or incident.
- 2. If space is insufficient to answer any question fully, attach a separate sheet.
- 3. Answer all questions fully.

1. Full Name of Claimant		2. Indicate whether: <input type="checkbox"/> Claim/Suit or <input type="checkbox"/> Incident	
3. Date of Alleged Error (Mo-Day-Yr)		4. Date of Claim (Mo-Day-Yr)	
5. Additional Defendants	6. If Closed Total Loss Paid Including Deductible \$	Indicate Whether: <input type="checkbox"/> Court Judgment <input type="checkbox"/> Out-of-court settlement	
7. If Pending Claimant's Settlement Demand \$	Defendant's Offer for Settlement \$	Insurer's Loss Reserve \$	

8. Description of Claim. Provide enough information to allow evaluation

(a) Alleged act, error, or omission upon which claimant bases claim:

(b) Description of case and events:

(c) Description of the type and extent of injury or damage allegedly sustained:

(d) Explain what action(s) have been taken to prevent reoccurrence of a similar claim:

Applicant's Signature

Date: