



NOTICE: THIS IS A CLAIMS MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. THIS POLICY CONTAINS A PROVISION PLACING CLAIM EXPENSES OUTSIDE THE LIMITS OF LIABILITY. THIS POLICY CAN BE ENDORSED TO PLACE CLAIM EXPENSES WITHIN THE LIMIT OF LIABILITY WHEN THE LIMIT OF LIABILITY PURCHASED IS \$500,000 OR MORE.

Lawyers Professional Liability Insurance Application – New York

1. Applicant Information

Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Website: _____
 _____ E-mail: _____
 City State Zip

Applicant is: Proprietorship Partnership Corporation Association LLP LLC Other

Year Firm Established: _____

Has the applicant merged with or acquired any firms in the last 3 years? _____

2. Limits Requested – Per Claim/Aggregate (Check all that apply)

_____ \$100,000/\$300,000 _____ \$250,000/\$750,000 _____ \$750,000/\$1,500,000 _____ \$1 million/\$2 million _____ \$2 million/\$2 million
 _____ \$200,000/\$600,000 _____ \$500,000/1,000,000 _____ \$1 million/\$1 million _____ \$1 million/\$3 million _____ Other

3. Deductible Requested _____.

4. Personnel-List all Lawyers to be covered: (Do not list "of counsels", independent contractor lawyers or per diem lawyers)

NAME	STATUS DESIGNATION CODES *	STATE(S) ADMITTED TO PRACTICE	YEAR FIRST ADMITTED TO BAR	YR. LAWYER JOINED APPLICANT FIRM
1.				
2.				
3.				
4.				
5.				
6.				

* S-Sole proprietor

P-Partner/Member

E-Employed lawyer

_____ Hours of service provided to the applicant per year by "of counsel", independent contractor lawyers and per diem lawyers.

_____ Total number of lawyers who left firm in past year.

_____ Current total number of non-lawyer employees.

Attach separate sheet if necessary.



5. Area of Practice

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year.

Admiralty/Marine	___%	Environmental	___%	Real Estate – Condo Offering	___%
Anti-Trust Trade Regulation	___%	ERISA	___%	Securities – Federal*	___%
Arbitration/Mediation	___%	Est. Plan/Probate/Trusts/Wills	___%	Securities – State*	___%
Banking	___%	Immigration	___%	Securities – Private Placement*	___%
Bankruptcy	___%	International Law	___%	Securities – Bonds*	___%
Bodily Injury/Defense	___%	Investment Counseling	___%	Social Security Disability	___%
Bodily Injury/Plaintiffs	___%	Labor Relations	___%	Tax Preparation	___%
Collection Repossession	___%	Public Utilities	___%	Tax Opinions	___%
Copyright/Patent/TM	___%	Real Estate – Residential	___%	Workers Comp/Defense	___%
Corporate	___%	Real Estate – Commercial	___%	Workers Comp./Plaintiff	___%
Criminal	___%	Real Estate – Synd. Devel.	___%	OTHER (Describe if over 5%)	___%
Domestic Relations	___%	Real Estate – Title Work	___%	TOTAL (Must equal 100%)	<u>100</u> %
Entertainment	___%				

*Please complete **Securities Supplemental Application**.

B. Does the Applicant have any high-profile clients who are entertainers, sports figures or public officials? Yes No
 If "Yes", please explain by attachment.

C. Does the Applicant have discretionary investment authority for any clients? Yes No
 If "Yes", please list total number of clients.
 Number of Clients: _____
 Is any one client account for more than \$500,000? Yes No
 Is the authority limited and in writing? Yes No

D. In the last five (5) years, has any attorney with the Applicant firm, represented any financial institution? Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any subsidiary or lending affiliate thereof. Yes No
 If "Yes", complete the **Financial Institutions Supplemental Application**.

E. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? Yes No
 If "Yes", please complete the **Outside Interests Supplemental Application**.

F. Does any firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? Yes No
 If "Yes", please complete the **Outside Interests Supplemental Application**.



6. Firm Policies and Procedures

- Use engagement letters on all new matters? Yes No
 - Require clients to sign engagement letters/agreements? Yes No
 - Use nonengagement and disengagement letters? Yes No
 - Use any of the following conflict avoidance methods:
 - Oral/Memory? Yes No
 - Computer? Yes No
 - Conflict Committee? Yes No
 - Index File? Yes No
 - Update its conflict avoidance system at least weekly? Yes No
 - Cross-check conflicts by predecessor, merged or acquired firms? Yes No
 - Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? Yes No
 - Allow attorneys to enter into business with firm clients? Yes No
 - Require disclosure if such relationships are permitted? Yes No
 - Maintain a calendar system using these methods:
 - Single Calendar Yes No
 - Dual Calendar Yes No
 - Tickler Cards Yes No
 - Computer Yes No
 - Master Listing Yes No
 - Use two individuals to maintain its calendar system? Yes No
 - Update its calendar system at least weekly? Yes No
 - Place ultimate responsibility for calendar system with a firm lawyer? Yes No
- B. 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
- C. What is the total number of hours of continuing legal education within the last year for all lawyers? _____
- D. How many times has the Applicant sued a client for unpaid fees in the last 3 years? _____
- E. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings? Yes No
If "Yes", please identify client, nature of client's business, and the percentage of billings, by attachment.

7. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

- A. ever had professional liability insurance cancelled or nonrenewed? Yes No
If "Yes", please explain by attachment.
- B. ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar? Yes No
If "Yes", please explain by attachment.
- C. been the subject of a professional liability claim or suit in the last five (5) years? Yes No
- D. knowledge of any circumstance, act, error, or omission that could result in a professional liability claim? Yes No

If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

8. Prior Insurance

Current Prior Acts Exclusion date and/or retroactive date _____.

Please list professional liability insurance carried by the Applicant and predecessor firms over the last three (3) years:

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)

Is the applicant being covered by an Extended Reporting Period Endorsement? Yes No

If "Yes", please attach details.

9. 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 suppressed or misstated:
- (B) acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Insurance Underwriters, Inc. to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Liberty Insurance Underwriters, Inc. in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) acknowledges that, in the event Liberty Insurance Underwriters, Inc. issues a policy, (1) Liberty Insurance Underwriters, Inc. in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by Liberty Insurance Underwriters, Inc. and if the Insured elects to handle any claim without such lawyers or otherwise without Liberty Insurance Underwriters, Inc.'s involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE : 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 violation.

Sign & Date in ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____

NEW YORK DISCLOSURE NOTICE

LAWYERS PROFESSIONAL LIABILITY POLICY

IMPORTANT

This form is an addendum to your Policy Declarations and Application and is part of your policy. This form describes some of the major features of your policy. Please read it carefully.

THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS

This policy provides no coverage for **claims** arising out of **wrongful acts** which take place prior to the "Retroactive Date," if any, stated in the policy.

This policy only covers **claims** that are first made against **you** while the policy remains in effect. All coverage under the policy ceases upon termination of the policy, except for the Automatic Extended Reporting Period, unless you purchase Extended Reporting Period coverage.

An Automatic Extended Reporting Period is automatically provided under the policy without additional charge. This Automatic Extended Reporting Period starts upon the termination date of the policy and lasts for sixty (60) days.

The **named insured** has an option to purchase an Extended Reporting Period. If purchased, the Extended Reporting Period starts upon expiration of the Automatic Extended Reporting Period. Extension period options are listed below with an additional premium set forth opposite each option. The additional premiums stated are a percentage of the full annual premium of this policy, less any return premium owed because of cancellation, plus any premium owed **us** for this policy.

<u>Option</u>	<u>Additional Premium</u>
1 year	100%
2 years	135%
3 years	150%
5 years	185%
Unlimited	225%

Avoiding gaps in coverage – If this policy is canceled or nonrenewed and an unlimited Extended Reporting Period is not purchased, a coverage gap may occur when the Extended Reporting Period purchased, if any, expires.

The nature of a claims made policy is such that during the first several years of a "claims made relationship," claims made rates are comparatively lower than occurrence rates, and you can expect substantial annual premium increases, independent of overall rate level increases, until the "claims made relationship" reaches maturity.



**LIBERTY
INSURANCE
UNDERWRITERS, INC.**
(The Liberty Mutual Group)

NEW LAWYER FORM – NEW YORK

Please type or print.

1. Firm Name: _____ Date New _____
Lawyer Joined/Will Join Firm: ____/____/____

Instructions:

1. This form must be completed by the New Lawyer, and must be signed by the New Lawyer and an Owner, Officer, or Partner of the Firm.
2. Answer all questions completely. If space is insufficient, attach a separate sheet.

2. COMPLETE THE FOLLOWING FOR THE NEW LAWYER WHO JOINED/WILL JOIN THE FIRM

New Lawyer's Name	Designation Code*	Years in Practice	State(s) Admitted to Practice

*Designation Codes P-Partner/Member E-Employed lawyer

PAST YRS.	PROFESSIONAL LIABILITY INSURANCE COMPANY	POLICY NUMBER	LIMIT OF LIABILITY PER CLAIM/AGGREGATE	POLICY PERIOD (month/date/year)
1				
2				
3				

*(provide any information pertaining to the purchase of an Extended Reporting Period Endorsement or "Tail Option".)

3. Is the lawyer identified in question 2 above aware of any professional liability claims or suits made against him or her in the past five (5) years, or any circumstances, acts, errors or omissions that could result in a professional liability claim or suit?
 No Yes (If "Yes", a **Claims Supplemental Application** must be completed for each claim or incident.)
4. During the past five (5) years has any insurance carrier or Lloyd's cancelled or refused to renew any lawyers professional liability policy covering the new lawyer?
 No Yes (If "Yes", please provide a copy of any such action.)
5. Has the new lawyer identified in question 2 above ever been refused admission to practice, disbarred, suspended from practice, formally reprimanded, or been the subject of disciplinary action?
 No Yes (If "Yes", please provide a copy of any such action)
6. Please list law firms and/or employers and dates of employment for the past five (5) years:

Position	Employer – City/State	Dates – From/To (MM/DD/YY)

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

NOTICE : 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 violation.

Sign & Date in ink.

New Lawyer

Signed by: _____

Title: _____

Print Name: _____

Date: _____

Partner

Signed by: _____

Title: _____

Print Name: _____

Date: _____



OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION

Instructions: Only applicants answering "Yes" to Question 5.E or 5.F of the Lawyers Professional Liability Insurance Application must complete this form. If your firm has already completed the Financial Institutions Supplemental Application, please do not repeat that information below. Attach additional sheets if necessary.

Name of Lawyer	Position Held (including committee)	Legal Service Performed	Name of Outside Business	Nature of Business	Equity Interest (% of Interest)	% of Firm's Gross Billings		D&O Insurance	
						Yes	No	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"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink.

Name of firm: _____
 Signed by: _____
 Print Name: _____
 Title: _____
 Date: _____

NOTICE

This notice is not part of the policy. It merely describes some of the major features of the policy. READ THE POLICY CAREFULLY to determine what is and is not covered. Only the provisions of the policy determine the scope of insurance protection.

This policy is issued on a "claims-made and reported" basis. The policy covers only claims which are first made against people and/or entities insured and reported to Liberty Insurance Underwriters, Inc. during the policy period, the sixty-day automatic extended reporting period or the optional extended reporting period, if purchased.

This policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the prior acts exclusion date stated in an endorsement to the policy, if any.

This policy covers only claims actually made while the policy remains in effect. All coverage under the policy ceases upon the termination of the policy. Claims may, however, be reported to Liberty Insurance Underwriters, Inc. during the automatic extended reporting period or any optional extended reporting period, if purchased.

This policy provides multiple options to the Named Insured to extend the period under which claims may be made and reported to Liberty Insurance Underwriters, Inc. They are a 1 year, 2 year, 3 year, 5 year, and an unlimited period at premiums equal to 100%, 135%, 150%, 185% and 225%, respectively, of the full annual premium of this policy. In the event a time-limited optional extended reporting period is chosen, a claim made and reported to Liberty Insurance Underwriters, Inc. after the expiration date of the time limited optional extended reporting period will not be covered.

During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. Be advised that substantial annual premium increases, independent of overall rate level increases, should be expected if the policyholder is written at a less than mature rate. This disparity lessens the longer the claims-made relationship exists.



FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION

Only applicants answering "Yes" to **Question 5. D** of the Lawyers Professional Liability Insurance Application must complete this supplemental application.

Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof. Please attach a separate sheet for additional financial institutions to explain your activities more fully.

- (1) In the last five (5) years, has any member of your firm represented any financial institution which has been declared insolvent or operated under regulatory direction or regulatory agreement?
 NO YES If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.
- (2) In the last five (5) years, has any member of your firm served as general counsel, CEO, chairman, president or any other officer, director or member of any committee of any financial institution?
 NO YES If "Yes", in the table below, provide the name of the attorney(s), dates and descriptions of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.
- (3) In the last five (5) years, has any member of your firm had any equity interest in any financial institution?
 NO YES If "Yes", in the table below, provide the name of the attorney(s), the dates and description of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.

***If 1, 2 and 3 are all marked "No" further information is not required. Please sign and date below.**

Complete the following only if required in items 1-3 above. Attach additional sheets if necessary

FINANCIAL INSTITUTION AND LOCATION	GENERAL DESCRIPTION OF SERVICES PROVIDED	DATE(S) OF SERVICES	ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP

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Sign and date in ink

Name of Firm: _____

Signed by: _____

Print Name: _____

Title: _____

Date: _____



SECURITIES SUPPLEMENTAL APPLICATION

Section I – Risk Management

- (1) Does the applicant have a procedure for evaluating a new client seeking Securities advice relevant to a proposed transaction or offering to determine such things as the client’s: financial strength, management expertise, reputation, the nature of its business, and history of changing Securities, attorneys and accountants?
 YES NO **IN WRITING?**
 YES NO
 If “Yes”, is this evaluation conducted by a lawyer or committee of lawyers who are not anticipated to work directly for the client?
 YES NO **IN WRITING?**
 YES NO
- (2) Does the applicant have a procedure requiring the preservation of the factual source and verification made by the applicant’s lawyers to support legal opinions to be furnished in the transaction?
 YES NO **IN WRITING?**
 YES NO
- (3) Does the applicant have a procedure requiring at least one Securities lawyer who is not working in the transaction in question review and approve all written legal opinions to be furnished in the transaction?
 YES NO **IN WRITING?**
 YES NO
- (4) Does the applicant have a procedure requiring an experienced Securities lawyer to interview the client’s directors, executive officers, and principals in connection with document preparation and review?
 YES NO **IN WRITING?**
 YES NO
- (5) Does the applicant have a procedure requiring the preservation of written records of the factual source and verification made by the applicant’s lawyers in connection with disclosure document preparation?
 YES NO **IN WRITING?**
 YES NO
- (6) Does the applicant have a procedure requiring back-up “cold review” by an experienced Securities lawyer who is not working on the transaction of disclosure documents prepared by applicant’s lawyers?
 YES NO **IN WRITING?**
 YES NO
- (7) Does the applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than for immaterial amendments)?
 YES NO **IN WRITING?**
 YES NO
- (8) Does the applicant have a procedure precluding the use of applicant’s name in disclosure documents other than as having passed on specified legal matters?
 YES NO **IN WRITING?**
 YES NO
- (9) Does the applicant have a policy that prohibits its lawyers and staff from participating in the Securities selling process (e.g. not participating in marketing meetings or calls involving prospective investors)?
 YES NO **IN WRITING?**
 YES NO
- (10) Does the applicant have a policy prohibiting any arrangement where the client’s obligation to pay for the services is contingent upon the closing of a Securities transaction?
 YES NO **IN WRITING?**
 YES NO
- (11) Does the applicant have a policy prohibiting any arrangement where a Securities client pays for the applicant services with client securities?
 YES NO **IN WRITING?**
 YES NO

Section II – Certain Exempted Transactions

- A. Has the applicant provided legal services in connection with the offer and sales of Securities intended to be a transaction exempted from registration under the 1933 Act by reason of one or more of the following provisions of Section 3 or 4 of the 1933 Act or any Regulation????? thereto:
- (1) Section 3(a)(11) and/or Rule 147??
 YES NO
 If “Yes,” were any such offers and sales of Securities made to the public pursuant to any form of registration or qualification or similar filing under State Securities Law?
 YES NO
 If “Yes,” were disclosure documents used in connection with all Section 3(a)(11) offerings?
 YES NO

Please complete the schedule below for securities addressed in 1(a) or 1(c) above:

Name of Institution	Location	Nature of Legal Service Provided	Dates of Service

2. During the last five (5) years, has the applicant provided legal services in connection with the offer and sale of private placement bonds?
 YES NO
 If "Yes," were disclosure documents used in connection with all private placement bonds with an aggregate price of \$100,000 or more?
 YES NO

3. In the last five (5) years, what is the approximate number of bond issues for which the applicant firm has provided legal services?
 (a) # _____
 (b) Indicate the type of bonds issued (by percent):
 General Obligation _____% Refunding _____%
 Revenue _____% Other (Provide details) _____%
 (c) Indicate the capacity in which the applicant has acted in the above (Item 3)(a) bond issues (by percent):
 Bond Counsel _____% Special Counsel _____%
 Issuer Counsel _____% Other (provide details) _____%
 Underwriter Counsel _____%
 (d) On how many of the above (Item 3(a)) indicated bond issues did the applicant serve as a co-counsel? # _____
 (e) On how many of the above (Item 3(a)) indicated bond issues has the applicant firm ever acted in more than one capacity in the same transaction? _____ Please explain.
 (f) How many of the above (Item 3(a)) indicated bonds issues:
 1) Are currently in default? _____ 2) have experienced a default proceeding? _____

4. Personnel/Experience:
 (a) Please complete the schedule below for all lawyers who participate in the bond practice of the applicant firm?

Lawyer Name	Bond Practice – Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months

- (b) Please complete the schedule below for all lawyers responsible for reviewing the tax implications of each issue.

Lawyer Name	Tax Practice – Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Member of Applicant Firm? Yes/No	E&O Coverage? Yes/No

Section V – Recent Experience of the Applicant’s Securities Lawyers

Please complete the schedule below for all lawyers of the applicant who practice Securities Law. In the third and fourth columns indicate the number of hours a lawyer has billed on Securities Law matters during the past twenty-four months. Round to the nearest fifty hours.

Lawyer	# of Years Securities Law Experience	Securities Practice Billable Hours Most recent 12 Months	Securities Practice Billable Hours Prior 12 months.



Section VI – Other Securities Legal Service

Please complete the schedule below for all other securities legal services provided to clients not set forth in Sections II, III, and IV above.

Client	Date(s) of Service	Legal Services Provided

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Sign and date in ink.

Name of Firm: _____

Signed by: _____

Print Name: _____

Title: _____

Date: _____



INTELLECTUAL PROPERTY/PATENT, COPYRIGHT OR TRADEMARK SUPPLEMENTAL APPLICATION

1. Number of Attorneys admitted to Patent Bar _____
2. Number of Patent Agents in Firm _____
3. Describe your deadline control systems for PCT filings:

4. Indicate your five largest clients and all projects performed for them during the last 3 years:

<u>Client</u>	<u>Project (Patent) Description</u>
---------------	-------------------------------------

5. Describe patent and trademark work performed in the past fiscal year:

- | | | |
|--|---------|------------------|
| a. Prosecution of patent – domestic | _____ % | _____ # of cases |
| b. Prosecution of patent – international | _____ % | _____ # of cases |
| c. Litigation representing Plaintiff | _____ % | _____ # of cases |
| d. Litigation representing Defendant | _____ % | _____ # of cases |
| e. Rendering of Infringement Options | _____ % | _____ # of cases |
| f. Copyright and Trademark work | _____ % | _____ # of cases |
| g. Other (describe) | _____ % | _____ # of cases |

6. Does the Firm sub-contract work to others? (independent patent agents/other firms) If so, describe:

7. Please attach copies of engagement letters, disengagement letters and fee agreements utilized when _____ accepting clients. Are “contingent fee” relationships accepted? If so, describe terms:

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Sign & Date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____

PLAINTIFF LITIGATION QUESTIONNAIRE

1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law? _____
2. Average number of cases these attorneys handle per year (per attorney): _____
3. Indicate percentage of cases in the following categories:
 - Medical Malpractice _____ %
 - Professional Negligence – other than Medical _____ %
 - Product Liability _____ %
 - Auto/Slip and Fall _____ %
 - Workers Compensation _____ %
 - Other* _____ %***Provide a description using the space provided below or by separate attachment.**
4. What is the number of cases that are class action?*_ _____
***Provide a description of these cases using the space provided below or by separate attachment. Please include the capacity in which you serve.**
5. What percentage of cases are class action? _____ %
6. Average dollar value of plaintiff cases: \$ _____
7. Maximum dollar value of any one plaintiff case: \$ _____

Sign & Date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____

**ENTERTAINMENT AND INVESTMENT COUNSELING/
MONEY MANAGEMENT QUESTIONNAIRE**

NAME OF FIRM _____
(Please Print)

1. List all entertainment clients (e.g. athletes, performers, publishers, authors, designers and public figures) of the firm during the past five (5) years and describe the general nature of legal services provided for each. Attach a supplemental sheet if necessary.

2. Please indicate the percentage of the entertainment work derived from:

Film _____% TV _____% Music _____% Sports _____% Other _____%

3. Does the firm, or any attorney for whom coverage is sought, serve as a talent agent or manager and/or negotiate personal appearances or product endorsements for any of the Applicant's entertainment clients? € YES € NO
4. Does the firm, any attorney for whom coverage is sought or any related or controlled entity represent both an entertainment client and any company with which the entertainment client has an agreement, relationship or contract? € YES € NO
5. Does the firm obtain and hold on file signed conflict waivers from all parties? € YES € NO
6. Does the firm, or any attorney for whom coverage is sought, have the authority to write or sign checks for any of the Applicant's entertainment clients? € YES € NO
7. Does the firm, or any attorney for whom coverage is sought, provide investment advice, organize, arrange or procure investments, real estate or tax shelters for any of the Applicant's entertainment clients? € YES € NO
8. Does the firm, or any attorney for whom coverage is sought, receive commissions, fees, reciprocity, or revenue for the sale, promotion or recommendation of investments or tax shelters? € YES € NO
9. Does the firm, or any attorney for whom coverage is sought, make recommendations as to the sale or purchase of specific stocks, bonds or other securities? € YES € NO
10. Does the firm, or any attorney for whom coverage is sought, participate in the management of any investment partnership, limited partnership or other investment venture for any of the Applicant's entertainment clients? € YES € NO

Sign & Date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____

THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.

TRANSFER OF DUTIES ENDORSEMENT

This endorsement modifies insurance provided under the following:

NEW YORK LAWYERS PROFESSIONAL LIABILITY POLICY

In consideration of the premium charged, it is hereby agreed and understood that:

1. If **we** conclude that, based on **wrongful act(s)** that have been reported to **us** and to which this insurance may apply, that any limit of liability under the policy is likely to be exhausted by the payment of **damages**, **we** will notify the **named insured** in writing to that effect.
2. When a limit of liability described in paragraph 1. above has actually been exhausted in the payment of **damages**:
 - a. **we** will notify the **named insured**, in writing as soon as practicable, that:
 1. such limit has actually been exhausted; and
 2. **our** duty to defend suits seeking **damages** subject to that limit has ended.
 - b. **We** will initiate and cooperate in the transfer to any appropriate person or entity insured of control of all **claims** and suits seeking **damages** that are subject to that limit and which are reported to **us** before that limit is exhausted. That person or entity must cooperate in the transfer of control of said **claims** and suits.

We agree to take such steps as **we** deem appropriate to avoid a default in, or continue the defense of, such suits

until such transfer is completed, provided the appropriate person or entity insured is cooperating in completing such transfer. **We** have no obligation whatsoever with respect to any **claim** or suit seeking **damages** that would have been subject to that limit, had it not been exhausted, if the **claim** or suit is reported to **us** after that limit of liability has been exhausted.

- c. The **named insured** and any other person or entity insured that is involved in a suit seeking **damages** subject to that limit must arrange for the defense of such suit within such time period as agreed to between the person or entity insured and **us**. Absent any such agreement, arrangements for the defense of such suit must be made as soon as practicable.
3. The **named insured** will reimburse **us** for expenses **we** incur in taking such steps as **we** deem appropriate in accordance with paragraph 2.b. above.

The duty of the **named insured** to reimburse **us** will begin on:

- a. the date on which the applicable limit of liability is exhausted, if **we** sent notice in accordance with paragraph 1. above; or
- b. the date on which **we** send notice in accordance with paragraph 2.a. above, if **we** did not send notice in accordance with paragraph 1. above.
4. The exhaustion of any limit of liability by the payment of **damages** and the resulting end of **our** duty to defend will not be affected by **our** failure to comply with any of the provisions of this endorsement.

All other terms and conditions remain unchanged.



LIU 1077 Ed. 12 00

THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.

REVISED DEFINITION OF "CLAIM" ENDORSEMENT

This endorsement modifies insurance provided under the following:

NEW YORK LAWYERS PROFESSIONAL LIABILITY POLICY

In consideration of the premium charged, it is hereby agreed and understood that the definition of "**claim**" contained in the **Definitions** section of the policy is hereby deleted in its entirety and is replaced with the following:

"**claim** means a demand received by **you** for money, including the service of suit or institution of arbitration proceedings against **you**."

All other terms and conditions remain unchanged.



LIU 1076 Ed. 12 00

THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.

**DELETION OF DISCIPLINARY PROCEEDING DEFENSE COST
COVERAGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

NEW YORK LAWYERS PROFESSIONAL LIABILITY POLICY

In consideration of the premium charged, it is hereby agreed and understood that:

1. The section of the policy entitled **Special Benefits**, sub-section 1., is deleted in its entirety;
and
2. All references in the policy to "**disciplinary proceeding**" are hereby deleted in their entirety.

All other terms and conditions remain unchanged.