

NEW BUSINESS APPLICATION

Underwritten by Pennsylvania Manufacturers' Association Insurance Company

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS. THE POLICY APPLIES ONLY TO CLAIMS BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. Full legal name of the law firm: _____ Year the law firm was established: _____

DBA or Fictitious Name: _____

Type of entity: Solo Practice Partnership PC PA LLC
 LLP PLLC PLLP Other _____

2. Primary location of the law firm: STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FIRM CONTACT: _____ PHONE NUMBER: _____ EMAIL: _____

Please provide mailing address if different than the street address: _____

3. Do any of the attorneys of the law firm practice in a state other than the primary location? Yes No
If "Yes" please provide the following information:

State:					
% of Revenue:					

Are all locations managed with a common conflict of interest, docket, calendar and client screening and communication tools and procedures? Yes No

4. Requested policy effective date: _____

5. Retroactive date on expiring policy: _____ No Retroactive Date
Please attach a copy of the law firm's Declaration Page and Retroactive Date Endorsement from the expiring policy.

6. Has the law firm ever purchased an Extended Reported Period? Yes No
If "Yes" please provide carrier, limits, effective date, and expiration date separately.

7. Has the law firm ever been non-renewed, cancelled, rescinded, or declined by any insurance carrier? Yes No
If "Yes" please provide details separately.

8. Primary and Excess Professional Liability Insurance History:

Insurance Carrier	Effective Date	# of Attorneys	Limit of Liability	Deductible	Premium

9. Number of attorneys working at the law firm: _____
Please complete Attorney Roster Supplemental Application.

10. Number of attorneys who have left the law firm in the last 3 years: _____

11. Non-attorney Staff:

a. Number of non-attorney staff employed at the law firm: _____

b. Check if any non-attorney staff members hold professional licenses in the following:

- Public Accountant Insurance Agent/Broker Medical Provider Securities Agent/Broker
 Investment Advisor Real Estate Agent/Broker Registered Nurse Other _____

12. Law Firm annual revenue:

Prior Year Annual Revenue: \$ _____

2 Years Prior Annual Revenue: \$ _____

13. Does the law firm receive more than 50% of its annual revenue from a single client? Yes No
If "Yes" please complete the Client, Outside & Equity Interest Supplemental Application.

14. Does any member of the law firm, individually or cumulatively, have ownership interest in an entity, other than the law firm that exceeds 15%? Yes No
If "Yes" please complete the Client, Outside & Equity Interest Supplemental Application.

15. Does the law firm have standardized procedure(s) used to identify conflicts of interest between all former, existing, or potential clients? Yes No
If "Yes", please check all conflict of interest procedures that apply:

- Oral/Memory Index File System Client List System No system
 Law firm proprietary computerized system Vendor Computerized System No Formal Procedure Other: _____

16. Does the law firm have a standardized procedure for docket control and/or calendaring systems? Yes No
If "Yes", please check all the law firm procedures that are utilized:

- At least two independent docket control and/or calendaring systems A designated person or department for docket and calendar control Computerized System

17. Does the law firm have written procedures for client screening and communication? Yes No
If "Yes", please check all the law firm procedures that are utilized:

- Engagement Letter including scope of representation, fee schedule, and billing procedures Declination/Non-engagement of representation letters for new client or new matter Termination of representation letter Research publicly available information on potential client(s) including litigation history

18. In the last 3 years, how many proceedings to collect unpaid fees for legal services has the law firm initiated? _____

19. Indicate below the percentage of law firm's billable hours, in whole numbers, in the following Areas of Practice in the last year:

Percentage	Area of Practice	Percentage	Area of Practice
	Admiralty/Marine - Defense		Government Contracts/Claims
	Admiralty/Marine - Plaintiff		Immigration/Naturalization
	Anti-Trust/Trade Regulation		Intellectual Property - Patent***
	Banking/Financial Institutions		Intellectual Property - Trademark & Copyright
	Bankruptcy		International Law
	Business Transactions/Commercial		Labor - Management Representation
	Civil Rights/Discrimination		Labor - Union/Employee Representation
	Civil/Commercial Litigation - Defense		Local Government
	Civil/Commercial Litigation - Plaintiff		Natural Resources/Oil & Gas
	Collections		Personal Injury/Property Damage - Defense
	Construction & Building Contracts		Personal Injury/Property Damage - Plaintiff***
	Consumer Claims		Real Estate/Title - Commercial
	Corporate/Business Organization		Real Estate/Title - Residential
	Criminal Law		Securities***
	Environmental Law		Taxation
	Estate Administration/Probate		Workers Compensation - Defense
	Estate Litigation		Workers Compensation - Plaintiff
	Estate Planning/Wills		Other
	Family Law	Description:	
			TOTAL (MUST EQUAL 100%)

*** Please complete Practice Specific Supplemental Application.

20. Does the firm practice Entertainment Law or represent clients in any of the following industries: sporting, publishing, film/animation, TV/radio/cable, internet, multimedia, social media, music, publishing/print media, theater, or visual arts/design?

Yes No

If "Yes", please complete the Entertainment Supplemental Application.

21. Does the firm practice Class Action / Mass Tort? Yes No

If "Yes", please complete the Class Action / Mass Tort Supplemental Application.

22. Does the law firm carry a stand-alone cyber insurance policy? Yes No

If "Yes", does the stand-alone cyber insurance policy include coverage for:

- a. Wire Transfer Fraud? Yes No
- b. Denial of Service Attack? Yes No
- c. Extortion / Ransomware? Yes No
- d. Social Engineering? Yes No

23. Requested Coverages:

Limit of Liability (Each Claim / Aggregate):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> Other: \$ _____ |

Requested Deductible:

- | | | |
|---|--|--|
| <input type="checkbox"/> \$1,000 Each Claim | <input type="checkbox"/> \$5,000 Each Claim | <input type="checkbox"/> \$15,000 Each Claim |
| <input type="checkbox"/> \$2,500 Each Claim | <input type="checkbox"/> \$10,000 Each Claim | <input type="checkbox"/> \$ _____ Each Claim (Other) |

Requested additional coverage options:

- First Dollar Defense
- Aggregate Deductible
- Claim Expense Outside the Limit of Liability
- Title Agency Coverage* If coverage is requested, please answer the following questions:
 - a. Does the law firm have a majority ownership interest in the Title Agency? Yes No
 - b. Are the majority of clients of the Title Agency also clients of the law firm? Yes No
 - c. What percentage of the law firm's gross revenues are derived from the Title Agency? _____ %

**Subject to underwriting and acceptability of risk. Please complete the Title Agency Supplemental Application.*

24. After inquiry of all law firm members is any attorney in the firm aware of:

- a. a professional liability claim(s) or suit brought against the law firm, an attorney of the firm, any predecessor law firm, or against any current or former attorney of the firm while affiliated with the law firm, in the past five years?
 Yes No
- b. an actual or alleged act, omission, circumstance, or breach of duty that would reasonably be expected to result in a claim being made against the firm, any predecessor law firm, or against any attorney currently or formerly affiliated with the firm or any predecessor law firm, regardless of whether any such claim would be meritorious?
 Yes No

If "Yes" to a. or b. above, please complete the Claim & Disciplinary Supplemental Application for each claim or incident.

25. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint or proceeding for any reason including non-payment of dues? Yes No

If "Yes", please complete the Claim & Disciplinary Supplemental Application for each matter.

26. Has any attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No

If "Yes", please complete the Claim & Disciplinary Supplemental Application.

IT IS UNDERSTOOD AND AGREED THAT THE COMPANY SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED/APPLICANT BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 24 TO 26.

Declarations

The undersigned acknowledges that the information provided within the application, including all supplements, attachments, replies to underwriter inquiries and applications the law firm submitted to other insurance companies to secure lawyers professional liability insurance that have been submitted to the Company:

1. will be relied upon by the Company in determining the acceptability of the Applicant/law firm and the premium amounts to be charged;
2. The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by the Company in the event an insurance policy is issued;
3. If the information supplied in this application changes between the date of the application and the effective date of any insurance Policy issued by the Company in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage;
4. any Policy, if issued, will be in reliance upon the truth of such representations and any material misrepresentation or fraud made by the Insured/Applicant or with the Insured's/Applicant's knowledge in applying for this Policy or in pursuing a Claim under this Policy shall be deemed grounds for denial of coverage or cancellation of this Policy; and will be incorporated into the Policy, if issued.

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance Policy issued by the Company. Whether coverage exists or does not exist for any particular claim or loss under any such Policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the Policy actually issued.

Policyholder Fraud Notice

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

THE INSURED ACKNOWLEDGES AND ACCEPTS THAT THE BELOW FRAUD STATEMENTS APPLY BASED ON THEIR STATE OF DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA

For your protection California law requires that you be advised of the following: 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.

Applicable in CO

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 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.

Applicable in DE, FL and OK

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)*.

*Applies in FL Only.

Applicable in KS

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 which 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.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Please attach a copy of firm letterhead(s) to the application.

This application must be signed by an owner or officer of the law firm with authority to act on behalf of the law firm.

X

SIGNATURE

DATE

NAME & TITLE OF INDIVIDUAL WITH AUTHORITY TO ACT ON BEHALF OF LAW FIRM IN ALL MATTERS FOR THIS INSURANCE

TITLE OF SIGNER

Attorney Roster Supplemental Application

Underwritten by Pennsylvania Manufacturers Association Insurance Company

NOTICE: THIS APPLICATION IS CONSIDERED PART OF THE APPLICATION FOR INSURANCE AND UNDERWRITING FILE.

Law Firm name: _____

Please provide the following information for all attorneys working at the law firm:

Attorney Name	Position*	Date of Hire	Years in Practice	Average Hours Per Week	Prior Acts Date	State(s) Licensed	Check if Attorney Practices in only One Area of Practice	Outside Interests**	List any Non-Attorney Professional Licenses Held	Check if Attorney is a Voluntary Bar Member
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							<input type="checkbox"/>			<input type="checkbox"/>

* (P)artner/Owner/Member, (A)ssociate/Employee, (O)f Counsel, (I)ndependent Contractor

** (Emp)loyed at other entity, (Eq)uity interest in a client, (BM/O) Board Member or Officer of entity other than applicant law firm
If any (Emp) (Eq) or (BM/O) please complete the Client, Outside & Equity Interest Supplement