

## LAWYERS PROFESSIONAL LIABILITY

## APPLICATION RELAINCE FORM

terr	: This professional liability coverage is provided on a mare covered, subject to the policy provisions.	b	asis. Only cla	aims that are f	irst made aga	iinst the insured and reporte	d to the Company during	g the policy
to a	olicant Instructions: Carefully read all statements and quanswer all questions fully, use separate sheets of paper. A siness stationery must be attached.							
Effe	ective Date Requested For This Application	/	/	-				
1. 2.	Name of Applicant (Firm Name):  List below, all LAWYERS of the firm. Attach a separate sheet if additional space is required.  "O" Owner/Officer/Director "P" Partner "E" Employed lawyer "OC" Of Counsel "IC" Independent Contractor							
	Name of Attorney	Designation	Hours worked per week for applicant	States of Admission	Year Admitted	Date of hire with applicant or predecessor firm	Number hours CLE in the past 12 months	
3.	Gross Revenue for the past three (3) years:							
	Most Recent Twelve (12) Months		One (1) Year Prior			Two	Two (2) Years Prior	
<ol> <li>4.</li> <li>5.</li> </ol>	Has any lawyer proposed for this insurance ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against him or her by any court or administrative agency? Yes No If Yes, provide details on the Detail Information Addendum  During the past five (5) years, has any claim or suit been filed against the applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No If Yes, complete a Claim Supplement for each claim or suit. Number?							
6.	6. After inquiry, is the applicant, its predecessor firms or any lawyer proposed for this insurance aware of: a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? Yes No b. any potential malpractice claim or suit reported to a previous insurance carrier? Yes No c. any adverse judgment that could be the basis of a claim or suit? Yes No d. any missed statute of limitations? Yes No If Yes to any of the above, complete a Claim Supplement for each.  Number?							
7.	<ul> <li>Calendar System:</li> <li>a. Do you maintain a central calendar system? Yes No</li> <li>b. Does the applicant have at least two (2) methods for docket or diary control? Yes No</li> <li>c. Does the applicant utilize a computer program for docket or diary control? Yes No</li> <li>d. Does the ultimate responsibility for docket control, including entry, rest with the handling lawyer? Yes No</li> <li>e. Does the applicant crosscheck its docket controls? Yes No</li> <li>f. If Yes, how frequently?</li> </ul>							
8.	Does the applicant utilize the following for ALL clients: a. Engagement letters that include the scope of service b. Non-engagement/declination letters? Yes No c. Disengagement/closing letters? Yes No If No, provide details on the Detail Information Adden	es & fee arrange	ements? Yes	No				

The undersigned, acting on behalf of the Applicant firm and all proposed insureds, declare that the statements set forth herein and in the Incorporated Application are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application Reliance Form.

SLAW-122a (8/2016) Page of

Does the applicant maintain a conflict of interest avoidance system? Yes No

The undersigned agree that the Application Reliance Form, the Incorporated Application, and all other materials

SLAW-122a (8/2016) Page of