



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
(610) 617-7900

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
RENEWAL APPLICATION**

NOTICE: This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application, including list of attorneys, address, and other offices should be explained.

1. The precise name, and Philadelphia Insurance Companies policy, of the Applicant Firm, which is submitting this Application:
(NAME) (POLICY NUMBER)

2. Applicant Firm's Address:
Address: City State
Zip Code Phone E-Mail Web Site

3. If Applicant Firm has been experienced a change in ownership or formation, please detail on an attachment.
 YES, an applicable attachment is included NO, no attachment is applicable.

4a. Please list here the Applicant Firm's new (since the Applicant Firm's previous application) affiliated attorneys: (attach separate sheet if more than 3 attorneys). No attorneys have joined the firm since the previously provided application. More than 3 new attorneys have joined the Applicant Firm, see attachment.

Name of New Attorney	P A I O *	Firm with whom associated immediately prior to joining Applicant Firm	Name of Prior Firm's Insurer	Effective Date	Expiration Date	Individual Retroactive Date, if applicable	Retroactive Date, if applicable, on policy

* P=Partner, A=Associate, I=Independent Contractor, O=Of Counsel

- b. Of those attorneys listed on the Applicant Firm's previous application, how many are no longer associated with the firm? ____ Please list any attorney who has become disassociated with the Applicant Firm since the Applicant Firm's previous application: ____
- c. Please confirm total staff of the Insured Firm: Number of (1) Partners ____ (2) Associates ____ (3) Of Counsel Attorneys ____ (4) Affiliated Independent Contractors ____ (5) Support Staff, Full-Time equivalent ____
- 5. In the past 12 months, Has any lawyer who, (1) is currently or (2) was at the time, affiliated with the Applicant Firm been: refused a license to practice, reprimanded, suspended, disbarred, or are any disciplinary investigations pending? YES NO (If "Yes", please provide copies of any complaint or grievance, response thereto, notice of outcome or court order, and date of reinstatement).

6. Area of Practice: Please identify the Applicant Firm's areas of practice with the number representing the percentage of gross income derived from that area during the past year. The total of these must be 100 and must represent all areas of practice.

- _____ % Administrative Law
- _____ % Admiralty-Defense
- _____ % Admiralty-Plaintiff
- _____ % Anti-Trust/Trade Regulation
- _____ % Banking/Financial Institutions
- _____ % Bonds, Commercial Paper, Limited Partnerships, or State or Federal Securities (If you practice both Exempt and Non-Exempt)
- _____ % Bankruptcy
- _____ % Collections
- _____ % Communications (FCC)
- _____ % Construction (Building Contracts)
- _____ % Consumer Claims
- _____ % Corporation Formation
- _____ % Criminal
- _____ % Eminent Domain
- _____ % Entertainment
- _____ % Environmental
- _____ % ERISA or Employee Benefits

Family Law:

- _____ % Divorce-marital assets <\$500,000
- _____ % Divorce-marital assets >\$500,000
- _____ % All Other Family Law

- _____ % Government Contracts
- _____ % Healthcare
- _____ % Immigration
- _____ % Investment Counseling
- _____ % Labor-Employee Relations
- _____ % Labor-Management Representation
- _____ % Labor-Union Representation

Litigation:

- _____ % Class Action-Defense
- _____ % Class Action-Plaintiff*
- _____ % General Commercial-Defense
- _____ % General Commercial-Plaintiff*
- _____ % Insurance Defense
- _____ % Personal Injury/Bodily Injury-Defense
- _____ % Personal Injury/Bodily Injury-Plaintiff*
- _____ % Products Liability-Defense
- _____ % Products Liability-Plaintiff*
- _____ % Workers' Compensation-Defense
- _____ % Workers' Compensation-Plaintiff*

Mergers/Acquisitions:

- _____ % Involving only privately held companies with assets below \$2 million
- _____ % All other merger/acquisition activities

- _____ % Municipal Zoning & Planning
- _____ % Municipal-Other (not bonds)
- _____ % Natural Resources (oil, gas or mining)
- _____ % Natural Resources (water, other)
- _____ % Patent, Copyright or Trademark

Real Estate:

- _____ % Commercial
- _____ % Landlord/Tenant
- _____ % Residential
- _____ % Title/Abstracting

- _____ % Taxation-Corporate
- _____ % Taxation-Individual

Wills, Estate Planning, Trust, Probate:

- _____ % Activities for estates larger than \$500,000
- _____ % Activities for estates smaller than \$500,000

- _____ % Other (describe on an attachment)

* If greater than 30% of Gross Income is derived from these or other Plaintiff Litigation areas of practice, Applicant Firm must complete the Philadelphia Insurance Companies Litigation-Plaintiff Representation Supplement. (PI-LAW-1831)

7. Please provide the Gross Income generated by the Applicant Firm in the past year: \$_____

8. Have any lawyers in the Applicant Firm, or any Predecessor Firm, in the past 12 months provided these services to any financial institution client:

- a. any regulatory, securities or compliance legal advice or services? YES NO
- b. any services for an institution in which an Applicant member held an equity or management interest? YES NO
- c. whose deposits are not insured by a government agency such as the FDIC or NCUA? YES NO
- d. which was either in its formative stage, or which has at any point since been insolvent? YES NO
- e. For which they were an officer, director, or general counsel? YES NO

(If any parts of question 8 are answered "yes," please provide a complete description including the name of the institution, and describing the entire relationship between the Applicant Firm and the institution.)

9. How many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms during the past 12 months? _____ How many of these suits have been resolved successfully? _____

10. Within the past six years have any of the Applicant Firm's attorneys served as a director, an officer, or an employee of any client; or owned an equity interest in any client; or does any client represent more than 25% of Applicant Firm's revenues? YES NO If "yes", please provide the following for each on an attachment: 1) Name of client, 2) Nature of Business, 3) Legal Services Provided, 4) % of Firm's Revenue Derived from Client, 5) % of Equity Interest and \$ value of interest in client, 6) Attorney(s) affiliated with client, 7) Position in client held by Attorney.

11a. After inquiry, are any attorneys of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm in the past two years, including those which may have been made against them while with a Prior Firm? YES NO If "Yes," complete a Supplemental Claim Information (PI-LAW-1830) form for each event.

b. After inquiry, are any attorneys of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm in the past six years? YES NO If "Yes," complete a Supplemental Claim Information (PI-LAW-1830) form for each event.

c. After inquiry, are any attorneys, who have become affiliated with the Applicant Firm in the past 12 months, aware of any professional liability claims made against them in the past six years, including those which may have been made against them while with a Prior Firm or Predecessor Firm? YES NO If "Yes," complete a Supplemental Claim Information (PI-LAW-1830) form for each event

NOTE: If you have not previously notified Philadelphia Insurance Companies of this claim, circumstance, incident, act or omission, contact the Philadelphia Insurance Companies Professional Liability Claims Department immediately.

Please advise the number of events which are applicable under 11a,b or c: ____ For all events listed in questions 11a,b and c, a separate Supplemental Claim Information (PI-LAW-1830) form must be completed. Additional information may be provided at the option of the Applicant Firm.

Notice To the Applicant - Please Read Carefully: The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any: (1) changes with regard to the name of the Named Insured, or (2) with regard to any Insured, claims, potential claims or matters brought to the attention of any bar association .

Agreement: I/We agree and understand that "Notice to Applicant" in the original application continues in full force and effect. I/We understand that the responsibilities, rights duties and obligations stated in that notice also continue in full force and effect. This application is relied upon by the Company and shall be incorporated into and shall become a part of the renewal policy.

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: 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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO 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.

NOTICE TO MAINE AND 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.

NOTICE TO 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSUREROR 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."

NOTICE TO 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."

NOTICE TO 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."

Signing this form and tendering premium does not complete an agreement for the Company to provide Insurance. This application must be signed and dated in ink by an Owner, Officer, Partner or Member to be considered for quotation.

Signature of Owner, Officer, or Partner

Print or Type Name and Title

Date (Month/Day/Year)

NOTICE: Failure to report the following to your current insurance company BEFORE policy expiration, and pursuant to Policy **CONDITIONS**, may create a lack of coverage: (1) Any claim made against you during your current policy term; or (2) Any facts, circumstances or events, which may give, rise to a claim. Any claim or incident reported on questions 5 or 11a, or 11b or 11c; or of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies. Failure to report to your current insurance company any claim made against you during your current policy term; or fact, circumstance or event of which your attorneys are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.