

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM 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.

ABOUT THE FIRM

1. The precise legally registered name of the applicant firm to be insured:

Name: _____

Attach a sample of the firm's letterhead to this application. Inconsistencies between it and the application, including attorneys named, address, other offices, etc., should be explained on a separate sheet of paper.

2. a. Primary Location of the firm:

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Website Address: _____

- b. Is this location a work-at-home or virtual office arrangement (i.e., mailing address only, reserved office space on a shared basis)?

☐ Yes ☐ No

If "yes," provide a brief narrative on a separate page of such services including: states in which clients are located, client selection procedures, and the percent of your total practice conducted as a virtual law office.

- c. Is this location where the firm meets with clients? *If "no," please explain under Question 7 below.*

☐ Yes ☐ No

FIRM COVERAGE INFORMATION

3. Coverage is requested to be effective on:

____ / ____ / ____

4. Date firm established:

____ / ____ / ____

5. Type of Entity? ☐ Solo practitioner ☐ Individual attorney with employee attorney(s)

☐ Partnership ☐ PC ☐ PA ☐ LLC ☐ LLP ☐ Other _____

6. Is the firm office or suite shared with attorneys other than firm members?

☐ Yes ☐ No

7. Does the firm have offices at locations other than the primary location listed above?

☐ Yes ☐ No

If "yes," complete the Additional Location Supplemental Application.

8. Does the firm practice in states other than the primary location?

☐ Yes ☐ No

If "yes," complete the Out of State Supplemental Application.

9. Is the ratio of support staff to attorneys greater than 5 to 1?

☐ Yes ☐ No

If "yes," provide details on a separate page including total number of staff, titles, and responsibilities.

10. For how many years has the firm been continuously insured for malpractice claims? _____

11. a. Enter the prior acts/retroactive exclusion date, if applicable.

____ / ____ / ____

- b. If the firm is a spin-off from another firm include the number of years that firm has been continuously insured. _____

12. Has the firm ever purchased an Extended Reporting Period option?

☐ Yes ☐ No

If "yes," provide effective date of previously-purchased Extended Reporting Period.

____ / ____ / ____

13. Has the firm's coverage ever been non-renewed, cancelled, rescinded, or declined by another carrier?

☐ Yes ☐ No

If "yes," provide details on a separate page including date, reason, and details (copy of non-renewal notice may be required).

14. Does the firm desire coverage for any previously-dissolved predecessor firms and those attorneys affiliated therewith?

☐ Yes ☐ No

15. Are there any attorneys listed on the letterhead not covered by the firm's insurance?

☐ Yes ☐ No

If "yes," provide details on a separate page explaining relationship and reason no coverage is required.

16. Enter 5 year insurance history. Check if expiring policy coverage includes: ☐ CEOL ☐ FDD ☐ AGG DED

Eff Date (mm/dd/yy)	Insurance Company	Limits (per claim/agg)	Deductible (per claim/agg)	Covered # of Attys	Annual Premium

FIRM OPERATIONS AND MANAGEMENT

17. Does the firm or any attorney of the firm have clients in the entertainment industry? ☐ Yes ☐ No
If "yes," complete the Entertainment Supplemental Application.
18. At any time in the past five years, has the firm, or any attorney of the firm (regardless of what firm they were with at the time) provided legal services in any way related to a security or securities transaction? ☐ Yes ☐ No
If "yes," complete the Security Supplemental Application.
19. Does the firm have any one client in which the firm's attorneys have an equity interest greater than 10% combined? ☐ Yes ☐ No
If "yes," complete the Client Information Supplemental Application.
20. Does the firm have any one client which represents more than 50% or more of the firm's billings? ☐ Yes ☐ No
If "yes," complete the Client Information Supplemental Application.
21. Does anyone in the firm serve as a director, officer, employee, or in any other management capacity for a client? ☐ Yes ☐ No
If "yes," complete the Client Information Supplemental Application.
22. Does the firm have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing, or potential clients? ☐ Yes ☐ No
23. Does the firm have at least two independently maintained docket controls? ☐ Yes ☐ No
24. a. Does the firm regularly confirm representations in writing via use of formal engagement letters? ☐ Yes ☐ No
Please attach a sample engagement letter on firm letterhead.
- b. Does the engagement letter include the following:
- Identity of the client? ☐ Yes ☐ No
 - Scope of representation that includes key terms of legal representation? ☐ Yes ☐ No
 - Fee structures and billing agreements? ☐ Yes ☐ No
 - Termination agreement that includes file retention and destruction terms? ☐ Yes ☐ No
- c. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter? ☐ Yes ☐ No
If "no," to a., b., or c., please attach an explanation.
25. Does the firm regularly acknowledge in writing the declination or termination of representations? ☐ Yes ☐ No
26. For firms greater than 5 attorneys, do you require that at least two attorneys in the firm be informed of the initiation of a representation? ☐ Yes ☐ No
27. If you are a solo practitioner, do you have a procedure in place regarding provisions of services if you are incapacitated or otherwise unavailable? ☐ Yes ☐ No
28. Has the firm initiated lawsuits or arbitration procedures during the last year to enforce the collection of unpaid fees for the firm? ☐ Yes ☐ No
If "yes," how many? _____ If "yes," complete the Fee Suit Supplemental Application.
29. Has the firm or any lawyer in the firm represented publicly traded clients with services rendered involving Sarbanes-Oxley Act (SOX) compliance including but not limited to securities, accounting, financial/investment services, or tax work? ☐ Yes ☐ No
If "yes," complete the Client Information Supplemental Application.
30. Has the firm been involved in any mass tort/class action cases within the past five years? ☐ Yes ☐ No
If "yes," complete the Mass Tort/Class Action Supplemental Application.

31. Provide the firm's gross revenues:

Year	Year End Date	Gross Revenues
Current fiscal		\$
Prior fiscal		\$
2 years prior		\$

32. What percentage of accounts receivable are outstanding more than 90 days? _____ %

AREAS OF PRACTICE

33. Guidelines for completing this section:

- Express percentages of time devoted (billable hours) in each area during the previous year.
- Indicate percentages in whole numbers next to the type of law you practice, not the business client you represent.
- Be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
- All litigation should be coded as "civil litigation" with the exception of "criminal", "personal injury-plaintiff", and "intellectual property" which should be coded to their respective Area of Practice.

%	Admiralty/Marine – Defense	%	Corporate Business Organization*	%	Natural Resources/Oil & Gas
%	Admiralty/Marine – Plaintiff	%	Criminal	%	Pers Inj/Prop Dam - Defense
%	Anti-Trust/Trade Regulation	%	Environmental	%	Pers Inj/Prop Dam - Plaintiff
%	Banking/Financial Institutions	%	Family Law	%	Real Estate/Title - Commercial
%	Business Transaction – Comm'l Law*	%	Government Contracts/Claims	%	Real Estate/Title- Residential
%	Civil/Comm'l Litigation – Defense	%	Immigration/Naturalization	%	Securities (SEC)*
%	Civil/Comm'l Litigation – Plaintiff	%	Intellectual Property (IP) – Copyright/Trademark/Patent)*	%	Taxation
%	Civil Rights/Discrimination	%	International Law	%	Wills, Estate, Trust & Probate*
%	Collection/Bankruptcy	%	Labor Management Rep	%	Workers Comp - Defense
%	Construction (Building Contracts)	%	Labor Union Rep	%	Workers Comp - Plaintiff
%	Consumer Claims	%	Local Government	%	Other (describe below)
				100%	TOTAL must equal 100%

*Supplement Required: Transactional Law, Intellectual Property, Securities, Wills, Estate, Probate, and Trust.

"OTHER" Description of Area: _____

CLAIM/INCIDENT/DISCIPLINARY INFORMATION *carrier loss run(s) are required for each claim/incident

34. After inquiry, is any attorney in the firm aware of:

- a. A professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? ☐ Yes ☐ No

If "yes," what is the total number of open and closed claims? _____

- b. An actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or against any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious? ☐ Yes ☐ No

If "yes," what is the total number of potential claims or incidents? _____

If "yes," to a., or b. above, complete the Claims Supplemental Application for each claim or incident.

35. a. 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," what is the total number of open and closed disciplinary complaints? _____

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

If "yes," to a. or b. above, complete the Disciplinary Supplement for each open or closed complaint.

ATTORNEY INFORMATION

36. Total number of attorneys: List all of the firm's attorneys including IC/OC attorneys. List additional attorneys on a separate sheet in the same format.

Attorney Name	Attorney Designation ¹	Average # of hours/week for applicant firm				States licensed to practice law	Date admitted to practice (mm/dd/yy)	Exact date of hire (mm/dd/yy)	Number of years continuously insured	Prior acts/retro date (mm/dd/yy)	CNA Risk Management Seminar Date ²	For IC/OC: Does IC/OC Have Separate E&O Insurance? ³
		0	1-10	11-25	26+							
1												<input type="radio"/> Yes <input type="radio"/> No
2												<input type="radio"/> Yes <input type="radio"/> No
3												<input type="radio"/> Yes <input type="radio"/> No
4												<input type="radio"/> Yes <input type="radio"/> No
5												<input type="radio"/> Yes <input type="radio"/> No
6												<input type="radio"/> Yes <input type="radio"/> No
7												<input type="radio"/> Yes <input type="radio"/> No
8												<input type="radio"/> Yes <input type="radio"/> No
9												<input type="radio"/> Yes <input type="radio"/> No
10												<input type="radio"/> Yes <input type="radio"/> No
11												<input type="radio"/> Yes <input type="radio"/> No
12												<input type="radio"/> Yes <input type="radio"/> No
13												<input type="radio"/> Yes <input type="radio"/> No
14												<input type="radio"/> Yes <input type="radio"/> No
15												<input type="radio"/> Yes <input type="radio"/> No
16												<input type="radio"/> Yes <input type="radio"/> No
17												<input type="radio"/> Yes <input type="radio"/> No
18												<input type="radio"/> Yes <input type="radio"/> No

¹ Codes: **SP** (Solo Practitioner), **O** (Owner), **P** (Partner), **A** (Associate), **IC** (Independent Contractor), **OC** (Of Counsel)

² Provide copy of seminar certificate for review.

³ If "yes," provide copy of declarations page.

REQUESTED COVERAGE (Some limits/deductibles/optional coverages may not be available in all states and all are subject to underwriting qualification. Your quote will reflect the coverage and options for which your firm qualifies.)

37. a. Provide the each claim/aggregate limit the firm desires: _____

b. Provide the deductible the firm desires: _____

38. Select the optional coverages the firm desires: ☐ Per Claim Deductible ☐ Claims Expenses Outside Limit (CEOL) ☐ First Dollar Defense (FDD) ☐ Title Insurance Agency*

*NOTE: The Title Insurance Agency optional coverage extends coverage to a specific title agency as a separate entity. The Title Insurance Agency Supplement is required.

SIGNATURE AND REPRESENTATION

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete 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 material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon as representation, this application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this application any actual or alleged act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the applicant.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. **For New York residents only:** 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. **For Pennsylvania residents only:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. **For Tennessee residents only:** Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. **For New York residents only:** 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. **For Pennsylvania residents only:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. **For Tennessee residents only:** Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: _____

By _____ Signature of Owner or Partner _____ Print Name of Owner or Partner _____ Date _____

Applicant: _____

By _____ Signature of Owner or Partner _____ Print Name of Owner or Partner _____ Date _____

Please attach a sample of your letterhead to this application
To obtain supplements, go to: pearlinsurance.com/CNA

IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY By checking Electronic Signature Acceptance below, you acknowledge that it is your intent that the name typed in the Signature of Owner or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

☐ Electronic Signature and Acceptance of the Owner or Partner.

Signature of Owner or Partner	Title	Date
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Signature of Owner or Partner	Title	Date
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Signature of Owner or Partner	Title	Date
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