

IRONSHORE INDEMNITY, INC.

(A Stock Company)

PO Box 3407

New York, NY 10008

SUPPLEMENTAL CLAIM INFORMATION

If within the last five years you have been involved in any malpractice claim or suit, or are aware of an incident which may give rise to a claim, please complete the form below for each claim or incident.

If space is insufficient to answer any questions fully, attach separate sheet.

1. Full name of individual(s) and/or firm involved in the claim:

2. Full name of claimant: _____

3. Indicate whether: Incident Claim Suit

4. Date and location of alleged error: _____

5. Date of claim: _____

6. Additional defendants:

7. IF CLOSED: *Total Paid: \$ _____ Indicate whether: Court Judgment Out of Court Settlement

*Including Defense Expenses incurred.

8. IF PENDING: Claimants settlement demand: \$ _____ Insurer's loss reserve: \$ _____

Your assessment of damages or offer for settlement: \$ _____ Is claim in suit? Yes No

9. Name of Insurer responding to this claim or incident: _____

10. Description of claim: (Provide enough information for evaluation. Use additional sheet if more space is required.)

a. Alleged act error or omission upon which Claimant bases claim:

b. Describe what activities gave rise to the claim or incident:

c. Describe the type of Injury or damage allegedly sustained:

d. Does this incident or claim follow or result from an action to collect fees? ____ Yes ____ No

X

X

Signature of Owner, Officer, Partner, Shareholder, or Member

Date

Print or Type Name

Title

COLLECTION WORK SUPPLEMENT

This supplement is to be completed if the Applicant indicated activity in the Collection area of practice from question number 7. of the Law Firm Application. If necessary, attach an additional sheet to fully answer all questions.

1. During the past three (3) years:
 - a. How many lawyers have done collection work? _____
 - b. Approximately how many individual consumer debtors have been contacted by phone, letter or otherwise by anyone employed by or in any way affiliated with the Applicant firm? _____
2. During the past three (3) years have you allowed any collector, collection agency, or any other party to use your law firm name or any lawyer's names in collection-related matters? ☐Yes ☐No

If yes, please explain: _____
3. During the past three (3) years, have you provided any advice or opinions to any party relative to implementation of any debt collection procedure, collection letter or other collection activity would be in compliance with the Federal Fair Debt Collection Practices Act or similar state or federal regulation?
☐Yes ☐No

If yes, please explain: _____
4. What steps do you take to assure that all Collection letters the firm sends are in compliance with the Federal Fair Debt Collection Practices Act? Please explain: _____
5. What steps do you take to assure that all Lawyers in the firm remain current with the changes in the Federal Fair Debt Collection Practices Act? Please explain: _____
6. Within the past three (3) years, has any present or past lawyer had any ownership interest in any kind of collection agency? ☐Yes ☐No
7. Has the firm executed any indemnity agreements with clients (for which you are doing collections work) which would indemnify or hold the client harmless for any violation of the Federal Fair Debt Collection Practices Act provisions related to the collections work? ☐Yes ☐No
8. Within the past three (3) years, has the firm or any present or past lawyer been a party to any claims or suits under the Federal Fair Debt Practices Collections Act? ☐Yes ☐No

Fraud Warning

General Notice*

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

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NOTICE TO FLORIDA APPLICANTS: 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.

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THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____



IRONSHORE INDEMNITY, INC.
(A Stock Company)

COPYRIGHT, PATENT AND TRADEMARK SUPPLEMENT

Firm Name:

Policy Number:

Answers are required for questions 1 through 5 for all Applicants. Complete the remaining questions that apply to the firm's specific practice. If one or more of the sections is not applicable, check the "Not Applicable" box in that section.

1. Provide a breakdown of the firm's copyright, patent and trademark practice into the following categories:

a. Intellectual Property Litigation	_____ %
b. Patent Infringement Counseling	_____ %
c. Domestic Patent Prosecution	_____ %
d. Foreign Patent Prosecution	_____ %
e. Trademark Registration/Licensing	_____ %
f. Copyright Registration/Licensing	_____ %
g. Patent Searches	_____ %

2. Does the firm have a computerized docketing system to alert the appropriate responsible party specific to:

- | | |
|--|--|
| a. statutory bar dates | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. fee due dates, whether outsourced or not? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. response dates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Who reviews the docket entries for accuracy?

Check all that apply.

- | | | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| Billing Partner | <input type="checkbox"/> | Partner in Charge of Work | <input type="checkbox"/> | Associate | <input type="checkbox"/> |
| Paralegal Secretary | <input type="checkbox"/> | Secretary | <input type="checkbox"/> | Docketing Personnel | <input type="checkbox"/> |

4. Does the firm outsource to other entities for:

- | | |
|---|--|
| a. Searches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Payment of Maintenance/Annuity fees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, to either a. or b. above, does the firm:

- | | |
|--|--|
| i. Verify the outsource entity carries professional liability insurance coverage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Obtain proof of insurance, such as a certificate of insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. How does the firm choose an outsource entity?

Check all that apply.

- | | | | |
|----------------|--------------------------|--|--------------------------|
| Review of Work | <input type="checkbox"/> | Product Recommendations from Other Law Firms | <input type="checkbox"/> |
| Yellow Pages | <input type="checkbox"/> | Advertisements in Legal Publications/Law Journal | <input type="checkbox"/> |

Copyright☐

Not Applicable

6. Does the firm's docket system include dates for:

- a. Copyright renewal filing?
- b. responses to an Office Action?
- c. infringement action filing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. What is the firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client?

8. Is transfer of ownership of copyright from one client to another fully documented in writing? ☐ Yes ☐ No**Patent**☐

Not Applicable

9. Does the firm request written disclosure of specific dates of all printed Publications, sales, offers for sale and/or public use of intellectual Property from a client, prior to filing of a patent applicable?

☐ Yes ☐ No

10. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to pursue a foreign patent application?

☐ Yes ☐ No

11. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications filed in foreign countries?

☐ Yes ☐ No

12. Does the firm advise foreign clients of requirements needed to satisfy the Establishment of the date of invention of U.S. Patents?

☐ Yes ☐ No

13. Does the firm disclose in writing to all patent clients, all dates for Payment of maintenance fees, annual payments, or annuities to be paid by the client to keep an application or patent in force? ...

☐ Yes ☐ No

14. Does the firm advise the client in writing to mark the patented product with the appropriate patent number?

☐ Yes ☐ No

15. Indicate the percentage of the types of Patent Opinions rendered by the firm:

- a. Patentability _____ %
- b. Infringement _____ %
- c. Validity _____

16. For the types of patent opinions rendered, does the firm disclosure the Scope and extent of the search conducted that is the basis for the opinion?

☐ Yes ☐ No

17. Does the firm guarantee patent opinions rendered?

☐ Yes ☐ No

18. Does the firm disclose in writing to the client and require the client's written agreement regarding patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995?

☐ Yes ☐ No**Trademark**☐

Not Applicable

19. Does the firm's docket system advise regarding date for:

- a. response to all PTO actions?
- b. declaration of use after registration?
- c. statement of incontestability after registration?
- d. renewal of trademark?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. Does for firm:

- a. perform searches of the records of the PTO for trademarks? ☐ Yes ☐ No
- b. search common law sources, such as publications and business indices for existing trademarks?
..... ☐ Yes ☐ No
- c. statement of incontestability for registration? ☐ Yes ☐ No
- d. renewal of trademark? ☐ Yes ☐ No

- 21. Does the firm advise that the trademark search is not guaranteed against all common law sources?
..... ☐ Yes ☐ No
- 22. Is transfer of ownership of trademark from one entity to another fully documented in writing? ☐ Yes ☐ No
- 23. Are all trademark assignments promptly and properly recorded with the PTO? ☐ Yes ☐ No
- 24. Does the firm advise the client in writing of the use of proper trademark notice? ☐ Yes ☐ No

X _____
 Signature of Owner, Partner, or Principal Title Date

ENTERTAINMENT PRACTICE QUESTIONNAIRE

APPLICANT INFORMATION

1. Your full legal name _____

GENERAL INFORMATION

2. Please complete the following chart for all of your entertainment clients:

Client Name	Field of Entertainment	Type(s) of Services Provided	Dates of Services Provided	Currently a Client
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Do you have a business relationship with any entertainment client, other than providing legal services? ☐ Yes ☐ No
4. Do you have the authority to write checks for any entertainment client? ☐ Yes ☐ No
5. Do you provide investment advice to any entertainment client? ☐ Yes ☐ No
6. Do you make investments for any entertainment client? ☐ Yes ☐ No
7. Do you or have you ever served as a trustee of an entertainment client's trust? ☐ Yes ☐ No
8. Do you negotiate the financing or distribution of entertainment productions? ☐ Yes ☐ No
9. Do you negotiate personal appearances or product endorsements for any entertainment client? ☐ Yes ☐ No
10. Do you, or any entity that you control, serve as manager or talent agent? ☐ Yes ☐ No
11. Do you ever accept percentages of business transactions as compensation for legal services? ☐ Yes ☐ No
12. Do you ever accept compensation in kind (e.g. copyrights) in return for legal services? ☐ Yes ☐ No

RISK MANAGEMENT

13. Do your procedures and conflict of interest system also apply to entertainment clients? ☐ Yes ☐ No

Signature (Partner, Member, Officer, Shareholder)

Date

Name (print)

Title



IRONSHORE INDEMNITY, INC.

ENVIRONMENTAL LAW SUPPLEMENT

Firm Name: _____

Policy Number: _____

1. List the top 5 Environmental law clients, services provided for the firm **and** the percentage of firm billing generated by each.

Client	Services Provided	Percentage of Firm's Annual Billings
a.		
b.		
c.		
d.		
e.		

2. Does the firm refer clients to other firms or act as co-counsel with other firms regarding Environmental law matters? ☐ Yes ☐ No

If, "Yes" please describe: _____

3. How many transactions handled during the last 12 months for Environmental Clients? _____

4. What is the average size/value of the transactions handled for Environmental Clients? _____

5. Does or has the Firm or any member of the Firm:

- a. Have a business relationship with any of the Firm's environmental clients other than the rendering of legal services? ☐ Yes ☐ No

If, "Yes" please describe the other services provided: _____

- b. Perform(ed) site visits? ☐ Yes ☐ No

- c. Perform(ed) environmental audits? ☐ Yes ☐ No

- d. Render(ed) an environmental assessment of property? ☐ Yes ☐ No

- e. Utilize(d) independent contractors? ☐ Yes ☐ No

- f. Utilize(d) environmental consultants? ☐ Yes ☐ No

If, "Yes" to any part of Question 5 above, please provide complete details.

6. Does the Firm or any related or controlled entity, or any attorney for whom coverage is sought, serve as an owner, officer or director of an entity that provides environmental analysis or site visits? ☐ Yes ☐ No
7. Does the firm require that environmental audits be conducted by outside consultants prior to or contingent upon the representation of Environmental clients? ☐ Yes ☐ No

* Please attach a copy of the engagement letter used for Environmental clients.

X _____
Signature of Owner, Partner, or Principal Title Date



ESTATE/TRUST WORK SUPPLEMENT

Complete this supplement only if a percentage of practice was listed in Estate/Trust on the Firm Profile section of the application.

1. List the Top Five largest Estates/Trusts to which the firm provided legal services in the previous 12 months:

Name	Attorney	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- a. What services are provided for the client(s)?

- b. Does work performed include business formation, management, or other business transactions?

☐Yes ☐No

2. Does any one Estate/Trust client account for 10% of an attorney's annual billings? ☐Yes ☐No

If yes, provide name and percent of revenue:

3. Does your estate practice include a file review by a second attorney not involved in drafting on all new wills?

☐Yes ☐No

4. Does any attorney currently serve as Executor/Personal Representative of an estate or Trustee of a trust (not including family related matters)? ☐Yes ☐No

If yes, provide a list by attorney with: Name of Estate/Trust, approximate value and description of services provided.

Attorney: _____

Name of Estate / Trust	Approximate Value	Description of Services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

FINANCIAL INSTITUTION SUPPLEMENT

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:

- | | | |
|--|-----|----|
| a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work?..... | Yes | No |
| b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee?..... | Yes | No |
| c. Had any equity interest or loan commitments? | Yes | No |
| d. Had a client been declared insolvent or operated under regulatory direction or agreement? | Yes | No |

If yes to any part of Question 2 above, please answer Questions 3 through 5.

If no to all parts of Question 2 above, no further information is required other than signature.

3. a. Name of Financial Institution: _____

b. Location (City, State): _____

c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):

d. Name of firm member(s) or former member(s) who provides or provided above professional services:

e. Dates of services, from _____ to _____.

f. Still a client? Yes No

g. Date of insolvency, take-over or merger, if applicable: _____.

4. With regard to the above institution, has any member or former member of the Firm:

a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)?

If yes, please identify the type of committee(s) and dates of participation:

Yes No

b. Acted as director or officer?
 ...

Yes No

c. Acted as general counsel?..... Yes No
d. Has loan commitments? Yes No

If yes, please describe type and amount: _____

FLORIDA: 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.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

e. Held stock or other financial interest? Yes No

If yes, what is the dollar value of such interest \$ _____, the percentage of such interest _____% and is the institution: publicly owned/traded or privately held?

Signature of Owner, Partner or Principal	Title	Date
--	-------	------

f. Participated in the preparation of a response to regulatory examination reports? Yes No

g. Participated or assisted in the rendering of advice on regulatory issues? es No

5. Has any regulatory authority filed any lawsuit or is any litigation (including any shareholder derivative action) pending against any director or officer of the above financial institution? Yes No

If yes, please provide complete details:

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.



Firm Risk Management Questionnaire

Firm Management

1. Does your firm utilize client communication letter? Please answer below.
 - (a) An engagement letter when accepting a representation..... ☐ Yes ☐ No
 - (b) A non-engagement letter when declining a representation..... ☐ Yes ☐ No
2. (a) Does the Applicant's docket control system include:
☐ Single Calendar ☐ Computer ☐ Tickler Cards ☐ Dual Calendar ☐ Master Listing ☐ Other _____
(b) How frequently are deadlines cross-checked? ☐ Daily ☐ Weekly ☐ Monthly
3. Which of the following tools are used to avoid conflict of interest?
☐ oral/memory ☐ computer ☐ index file ☐ conflict committee ☐ written procedure ☐ Other _____

Outside Interest

4. Does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is a client of the firm..... ☐ Yes ☐ No
If Yes, complete a Supplement for Outside Interests.
5. In the past five years, has any lawyer proposed for this coverage held an equity or financial interest in a client? ☐ Yes ☐ No
6. Is any lawyer proposed for this coverage
 - (a) An employee of any organization, entity or governmental body other than Applicant? ☐ Yes ☐ No
If Yes, provide details. _____
 - (b) Engaged in any professional/business activities other than the private practice of law? ☐ Yes ☐ No
If Yes, provide details. _____

Business Practices

7. (a) Have any suits for collection of fees been filed against any client in the last two (2) years?..... ☐ Yes ☐ No
If Yes, how many? _____
(b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?

8. Do you participate in a case sharing agreement with attorneys not listed on your letterhead?..... ☐ Yes ☐ No
9. Does the Applicant share office space with any other lawyer?..... ☐ Yes ☐ No
If Yes,
 - (a) Is letterhead shared?..... ☐ Yes ☐ No
 - (b) Is any staff shared?..... ☐ Yes ☐ NoIf Yes to above, provide details. _____

Insurance & Claim History

10. Has any insurer declined, canceled, or non-renewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance?..... ☐ Yes ☐ No
If Yes, provide details. _____

If you are a sole practitioner:

11. Is there a lawyer that will be responsible for Applicant's practice if the Applicant is unable to work for an extended period of time?..... ☐ Yes ☐ No
If Yes, provide the following: Name of back-up lawyer: _____
Address: _____ Phone Number: _____

Name of Applicant

Title

Signature of Applicant

Date



Kinsale Insurance Company
P. O. Box 17008
Richmond, VA 23226
(804) 289-1300
www.kinsaleins.com

MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION

(At your option, you may also attach a narrative description of your office's mass tort/class action practice.)

GENERAL INFORMATION

1. Firm Name: _____
2. List all attorneys in the firm who handle mass tort or class action cases? _____

3. What types of mass tort or class action cases do you handle (details regarding issues, type of products, etc.)?
(Use extra pages if needed to describe fully.) _____

4. How many mass tort or class action cases does your practice currently have open? _____
5. How many mass tort or class action cases has your practice closed during the past 5 years? _____
6. For all mass tort or class action cases that are **currently open**, please provide the following information (use extra pages if needed):

Defendant Name	Allegation made	# of Members	States the Class is filed in	Is this a Nationwide Class	Dollar value/ Potential Damages of Class	Specify if Lead/Local/ Co-Counsel/ Referral Attorney



7. For all mass tort or class action cases that **closed during the past 24 months (including favorable and unfavorable judgments and those dismissed)**, please provide the following information (use extra pages if needed):

Defendant Name	Allegation made	# of Members	States the Class is filed in	Is this a Nationwide Class	Dollar value/ Potential Damages of Class	Specify if Lead/Local/ Co-Counsel/ Referral Attorney

8. If cases are referred to other firms, are these other firms in other jurisdictions? Yes ☐ No ☐
If so, where? _____
9. Do you retain a fee for such referrals? Yes ☐ No ☐
10. Do you continue to work on the case after referral? Yes ☐ No ☐
11. If you are not the sole attorney, do you send your clients outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc.) Yes ☐ No ☐
If No, please explain why not: _____
12. Please describe how you handle class members who choose to opt out of the class to pursue an individual claim (including describing the risks involved in writing, who handles the case, is it referred elsewhere, etc.).

13. If there is any other information that you believe would be helpful in understanding more about your mass tort or class action cases or experience, please elaborate. _____

14. Has any claim or potential claim been made to you, your practice (past or present), any lawyer employed by your firm, or any insurance carrier regarding any mass tort or class action case that you have handled at this time? Yes ☐ No ☐
If Yes, please attach a narrative explanation.
15. Do you have knowledge of any circumstances or events that could give rise to a potential claim arising out of any mass tort or class action cases that you, your practice (past or present), any lawyer employed by your firm has ever handled? Yes ☐ No ☐
If Yes, please attach a narrative explanation.



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurer or 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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil 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.

NOTICE TO 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.



The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____





New Attorney Form

1. Name of Legal Entity insured (as referenced on your letterhead): _____

GENERAL INFORMATION

PLEASE COMPLETE A SEPARATE FORM FOR EACH ATTORNEY THAT JOINS YOUR FIRM DURING THE POLICY PERIOD.

2. Please complete the following chart for the new attorney:

Attorneys Name	Position in Firm	Primary Area of Practice	Hours to be Worked Per Week with your firm	Month/Year Admitted to Bar (List State Bar(s))	Years in Private Practice

3. Please complete the following chart:

Name of Prior Firm	Dates of Association	Position in Firm	Primary Area of Practice	Insurance Carrier	Limits of Liability	Firm Still in Existence (y/n)

4. In the past five years, has the new attorney been made aware of a claim or circumstances that could result in a claim against said attorney?..... ☐ Yes ☐ No

If yes, a separate Claim or Suit Supplement must be completed for each claim or incident.

5. Has the new attorney had a disciplinary complaint filed with any court, administrative agency or regulatory body or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any of the aforementioned entities?..... ☐ Yes ☐ No

If yes, please provide details:

6. In the past five years, has the new attorney ever had professional liability or similar insurance declined, cancelled or non-renewed (*MISSOURI RESIDENTS DO NOT ANSWER*)?..... ☐ Yes ☐ No

If yes, please provide details:

7. Has the new attorney ever purchased an extended reporting period endorsement?..... ☐ Yes ☐ No

If yes, please provide details.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature (Partner, Member, Officer, Shareholder)

Date

Name (Print)

Title



OUTSIDE INTERESTS SUPPLEMENT FORM

1. Instructions: Complete the following for each client of the Firm

[illegible]

2. Has any percentage of equity interest or annual percentage of billings shown above been higher since the date of client affiliation began?
..... ☐ Yes ☐ No If yes, please attached separate sheet showing history of
changes for the past 36 months.
3. Has the Firm documented and disclosed in writing to all clients listed above the potential for conflict of interest as a result of the involvement described above?
..... ☐ Yes ☐ No if, yes, does the disclosure:
- a. Clearly describe the nature of the conflict? ☐ Yes ☐ No
 - b. Explain under what conditions it is advisable for the client to seek independent legal advice? ☐ Yes ☐ No
 - c. Reasonably set for the legal and practical consequences should it become necessary for the Firm to withdraw as legal counsel as a result of conflict?
..... ☐ Yes ☐ No
 - d. Obtain the client's or its legal representative's consent to continue to perform ongoing legal services? .. ☐ Yes ☐ No

NOTES: (1) Include legal as well as non-legal (3) The Firm (5) Family member
(2) Include ALL committee involvement (4) Any Firm member (6) To the best of the Firm member's knowledge

PLAINTIFF SUPPLEMENT

Please answer all questions in relation to your plaintiff practice only

1. Have you advertised during the past 12 months through any of the following:
- | | | |
|----------------------|------------------------------|-----------------------------|
| a. Television..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Radio..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Newspaper..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Yellow Pages..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **Yes**, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of Personnel Injury cases during the past 12 months: _____
3. Average number of personal injury cases each attorney handles per year: _____
4. Percentage of cases (must equal 100%): Settle before trial? _____ Cases tried to conclusion? _____
5. Percentage of cases referred to you by other law firms? _____ %
6. Do you use written referral agreements in all cases which are referred to you? ☐ Yes ☐ No
7. Do you use written referral agreements in all cases which are referred out? ☐ Yes ☐ No
8. Do you obtain certificates of insurance in all cases which are referred out? ☐ Yes ☐ No
9. Average dollar value of all plaintiff cases are: ☐ Less than \$25,000 ☐ \$25,001 - \$100,000 ☐ \$100,001 - \$500,000
☐ \$500,001 - \$1,000,000 ☐ Other: _____
10. What percentage of your plaintiff cases are:
- | | | |
|---|---------------------------|-----------------------------|
| _____ % Class Action/Mass Tort * | _____ % Product Liability | _____ % Legal Malpractice |
| _____ % Automobile Accident | _____ % Slip and Fall | _____ % Medical Malpractice |
| _____ % Other: _____ | | |

11. With respect to your answer in Question 18, please state the maximum dollar value of any one case:
- | | | |
|--|----------------------------|------------------------------|
| \$ _____ Class Action/Mass Tort * | \$ _____ Product Liability | \$ _____ Legal Malpractice |
| \$ _____ Automobile Accident | \$ _____ Slip and Fall | \$ _____ Medical Malpractice |
| \$ _____ Other: _____ | | |

12. Percentage of recovery your firm takes as fees: _____ %
13. Describe the firm's procedure for tracking the Statue of Limitation on each personal injury case: _____

14. Name and position of person(s) designated to track the Statue of Limitation on each personal injury case: _____

* Please provide a written narrative regarding any **Class Action/Mass Tort** cases this firm has handled or had involvement with, in the past three years, to include: the number of such cases, number of clients in each case, overall case value, status, nature or cause of action of each case, as well as the firm's previous experience in this area.

X _____
Signature of Owner, Officer, Partner, Shareholder, or Member

X _____
Date

Print or Type Name

Title

REAL ESTATE PRACTICE SUPPLEMENT

Firm Name: _____

REAL ESTATE PRACTICE BREAKDOWN

1. What percent of your real estate practice receipts for the current year and preceding year have come from the following areas:	Current Year	Previous 12 Months
a. Purchase and Sale Residential Property	_____ %	_____ %
..... Commercial Property	_____ %	_____ %
<i>e.g., transactional work performed on behalf of buyers or sellers including negotiations and drafting of earnest money contracts (purchase agreements), option agreements, deeds and other closing documents, representation at closing and other related activities.</i>		
b. Land Use & Development	_____ %	_____ %
<i>e.g., representation of land owners, developers and others in zoning, subdivision, planned unit developments, wetlands and other development and land use processes before federal, state and/or local governmental units.</i>		
c. Mortgages, Contracts for Deeds and Foreclosure	_____ %	_____ %
<i>e.g., representation of lenders* or borrowers in purchase money financing, refinancing or other real estate secured lending transactions, including negotiation of loan documents, foreclosure of mortgages or trustee's sales under deeds of trust and other exercises of remedies in the event of a default or breach under the financing documents.</i>		
<i>Please complete the Financial Institutions Supplement if any income derived is from representation of financial institutions.</i>		
d. Landlord/Tenant	_____ %	_____ %
<i>e.g., representation of either landlords or tenants in the drafting and negotiation of lease terms, representation in litigation brought to challenge or enforce a lease, evict a tenant or collect amounts owing.</i>		
e. Construction Work and Mechanics' Liens	_____ %	_____ %
<i>e.g., representation of developers, contractors, lenders and land owners in connection with the construction of improvements upon real estate, and claims (such as mechanics' liens) arising out of construction of such improvements.</i>		
f. Real Estate Tax Abatement/Property Valuation	_____ %	_____ %
<i>e.g., representation of property owners before county agencies and courts in proceedings to contest property valuations and obtain abatements or refunds of assessed real estate taxes.</i>		
g. Condominiums, Cooperatives, and Town Houses (Including Conversions)	_____ %	_____ %
<i>e.g., representation of developers, homeowners' associations, cooperative boards of directors, or individuals on issues arising out of the common ownership and common rights arising out of such types of properly ownership.</i>		
h. Loan Workouts	_____ %	_____ %
<i>e.g., representation of lenders, borrowers, or federal or state regulatory agencies (such as the Resolution Trust Corporation, or a state superintendent of banking) in connection with the restructuring of real estate secured loans that are in default.</i>		
<i>Please complete the Financial Institutions Supplement if any income is derived from representation of financial institutions.</i>		
i. Other (Please describe) _____	_____ %	_____ %

Total (Must equal 100%)	_____ 100%	_____ 100%

REAL ESTATE PRACTICE – RISK MANAGEMENT

2. Do your legal services in connection with a property transfer or leasing transaction include documented protocols to evaluate:
- a. Whether the type of business in question creates, or may in the past have created, environmental problems? Yes ☐ No ☐
 - b. Whether any real or personal property owned or leased, now or in the past, or property to be acquired is likely to be contaminated by hazardous substances (e.g., asbestos, lead, PCBs, etc.)? Yes ☐ No ☐
 - c. Whether any specific site locations owned or leased, operated now or in the past, or property to be acquired are located in or are adjacent to ecologically sensitive areas (such as wetlands, flood plains, aquifers or conservation areas, etc.)? Yes ☐ No ☐
 - d. Whether any corporate entity connected to a client, including all past and present parent subsidiaries, divisions and spin-offs, has ever been fined, penalized, cited or sued for violating any federal, state or local environmental law or regulations? Yes ☐ No ☐
3. Do you require:
- a. Investigation of potential, material environmental risks before resolution of price and other central terms and condition? Yes ☐ No ☐
 - b. A thorough review with the client of the economic impact of known environmental considerations and potential benefits of further identification or qualification of environmental risks, in property transfer or leasing transactions with potential material environmental exposure? Yes ☐ No ☐
- If "No" to any part of Question 3, are clients advised in writing to seek independent professional evaluation of potential environmental exposures? Yes ☐ No ☐

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Title

Date

Print Name



IRONSHORE INDEMNITY, INC.
(A Stock Company)

SECURITIES SUPPLEMENT

Firm Name: _____

Policy Number: _____

Section I. - Risk Management

A. Client Identification and Evaluation

- (1) Does the applicant (partners, associates, stockholders or employees of the firm) have a procedure for new client identification intended to assure that there will be no conflict of interest with respect to the Securities matters to be undertaken by the applicant? ☐ Yes ☐ No
If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (2) 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
If "Yes, " is the procedure 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
- (3) Does the applicant use an engagement letter with each new client that retains the applicant in connection with any Securities offering? ☐ Yes ☐ No

B. Legal Opinions

- (1) 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 rendered by the applicant? ☐ Yes ☐ No
If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (2) Does the applicant have a procedure requiring at least one Securities lawyer who is not working on the transaction in question review and approve all written legal opinions to be furnished in the transaction? ☐ Yes ☐ No
If "Yes, " is the procedure in writing? ☐ Yes ☐ No

C. Disclosure Requirements and Exemptions

- (1) Does the applicant have a procedure requiring an experienced Securities lawyer to interview the client's directors, executive officers, and principals in connection with disclosure document preparation and review? ☐ Yes ☐ No
If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (2) 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

- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (3) 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 applicants lawyers? ☐ Yes ☐ No
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (4) Does the applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than for immaterial amendments)? ☐ Yes ☐ No
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (5) Does the applicant have a procedure precluding the use of the applicant's name in disclosure documents other than as having passed on specified legal matters? ☐ Yes ☐ No
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (6) 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
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (7) 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
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (8) Does the applicant have a policy prohibiting any arrangement where a Securities client pays for the applicant's services with client securities? ☐ Yes ☐ No
- If "Yes, " is the procedure in writing? ☐ Yes ☐ No
- (9) Did the applicant derive legal fees from its securities practice during the last twelve months? ☐ Yes ☐ No
- If "Yes, " please indicate the amount: \$ _____

Section II. - 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 the lawyer has billed on Securities Law matters during the past **twenty-four** months. **Round to the nearest fifty hours.**

Lawyer	# of Years SEC Experience	Securities Practice Billable Hours Most Recent 12 Months	Securities Practice Billable Hours Prior 12 Months

Section III. - Certain Exempted Transactions

A. Has the applicant provided legal services in connection with the offer and sale 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 Sections 3 or 4 of the 1933 Act or any Regulation relating 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 Laws? ☐ Yes ☐ No

If "Yes," were disclosure documents used in connection with all Section 3(a) (11) offerings? ☐ Yes ☐ No

(2) Section 4 (2) (exclusive of Rule 506)? ☐ Yes ☐ No

If "Yes," were disclosure documents used in connection with all Section 4 (2) offerings with an aggregate price of \$100,000 or more? ☐ Yes ☐ No

(3) Does the applicant have basis for reasonable belief that any of the offerings listed in the Section IV -Offerings Schedule would be deemed to be integrated offerings pursuant to Rule 502(a)? ☐ Yes ☐ No

B. Tender Offers and Exchange Offers

(1) Has the applicant provided legal services in connection with any tender offer or exchange offer? ☐ Yes ☐ No

(2) Has the applicant advised any client with respect to a tender offer made or proposed to be made involving any entity whose management opposed or opposes such offer? ☐ Yes ☐ No

C. Proxy Contests

(1) Has the applicant provided legal services in connection with any proxy contest involving a Public Company? ☐ Yes ☐ No

(2) Was the applicant's client in connection with any such contest a person or entity opposing director nominees of the Public Company or its management? ☐ Yes ☐ No

Section IV. - Offerings Supplement

In reverse chronological order, list first the anticipated filings expected to be made within the next 90 days. Then list the most recent filings for the last 24 months, If less than 10 filings would be listed in the 24 month period Indicated, list all such filings for the past 48 months. Include in this list filings, which were withdrawn after having been filed, unsuccessful offerings, and filings made pursuant to an exemption from registration under the act. Provide the information regarding the issuance or sale of securities for which a filing was made by the applicant firm (or you) on behalf of a client with the Federal Securities and Exchange Commission (The "SEC"), or with any state agency which regulates the issuance or sale of securities.

Date Offering Commenced	Name of Issuer	Type of Offering*	Type of Business	Did Firm Render Tax Opinion? Yes/No	Date of Issuer Incorporation or Formation	Dollar Size of Offering and Description of Security	As Counsel* (Specify)	Months as a Client	Affiliated w/Issuer? Yes/No	Applicant Lawyers Invest? Yes/No

(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 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 issued:

i) Are currently in default? _____

ii) 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 IV – Other Securities Legal Services

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

Client	Date(s) of Service	Legal Service Provided
--------	-----------------------	------------------------

X _____
Signature of Owner, Partner, or Principal Title Date



Kinsale Insurance Company
P. O. Box 17008
Richmond, VA 23226
(804) 289-1300
www.kinsaleins.com

TITLE, ESCROW & CLOSING SERVICES SUPPLEMENTAL APPLICATION

If additional space is required for any answer, please attach a separate sheet.

APPLICANT'S INFORMATION

1. Full Name of Applicant: _____
2. Is the Applicant affiliated with any organization through any common ownership, operation or control, including any controlled business arrangement, including but not limited to a law firm, real estate agency, construction firm, real estate investment or development company, mortgage or financial institution, or title insurance company? Yes ☐ No ☐

If Yes, provide details on attachment indicating names and ownership percentage.

3.

		Percentage
Estimate percentage of business as:	Title Agent	
	Closing/Escrow Agent	
	Title Abstracter/Searcher	
	TOTAL	100%
Estimate percentage of gross revenues from:	Residential	
	Commercial	
	Land Raw or Agricultural	
	Residential Construction	
	Commercial Construction	
	Oil & Gas	
	Metal & Mineral	
	1031 Exchange	
	Aircraft	
	Other (describe):	
	TOTAL	100%
Who performs the Applicant's title searches:	Applicant Firm	
	Independent Contractor*	
	Title Underwriter/Company	
	TOTAL	100%
Who performs the Applicant's closings/escrows:	Applicant Firm	
	Independent Contractor*	
	Title Underwriter/Company	
	TOTAL	100%

**If independent contractor is used, provide an attachment with the names of the independent contractors and their professional liability insurers.*

4. List states and counties where the Applicant conducts title business: _____



5. List title insurance companies (DO NOT ABBREVIATE NAMES) the Applicant represents and percentage of total premium written:

Companies

Percentage

_____%
_____%
_____%

TOTAL

100%

6. Has any title company ever cancelled or non-renewed their agency contract with the Applicant? Yes ☐ No ☐

If Yes, provide on attachment the names of the title companies and the reason stated for the cancellation or non-renewal.

7. When providing closing/escrow services does the Applicant:

(a) Perform closing and/or escrow services according to written instructions only?

Yes ☐ No ☐

(b) Internally audit escrow files prior to closing?

Yes ☐ No ☐

(c) Have a regular audit conducted by an independent CPA firm?

Yes ☐ No ☐

(d) Require a cashier's check or "good funds" at or near escrow closings?

Yes ☐ No ☐

(e) Document and obtain signatures from all parties when making changes or deviating from the original escrow contract?

Yes ☐ No ☐

(h) Ever close without title insurance, a title insurance commitment or a title opinion?

Yes ☐ No ☐

If Yes, does the Applicant use a written disclaimer or waiver as to condition of title?

Yes ☐ No ☐

(g) Hold escrow funds for more than one year?

Yes ☐ No ☐

If Yes, under what circumstances? _____

(h) Balance escrow accounts monthly or more frequently?

Yes ☐ No ☐

If not how often are escrow accounts balanced? _____

(i) Perform or handle any tax-deferred real estate exchanges?

Yes ☐ No ☐

If Yes, how many per year? _____

If Yes, are the Applicant's services limited to the duties of an escrow/closing agent?

Yes ☐ No ☐

8. (a) Total number of closed escrows: Past 12 months: _____ Next 12 months: _____

(b) Value of: Largest escrow: \$ _____

Average escrow: \$ _____

9. Has any principal, director, officer and/or employee of the applicant been investigated or convicted of a felony?

Yes ☐ No ☐

If Yes, attach details.

10. Does the Applicant carry any of the following types of insurance?

Attach Declarations or Certificate for any Yes answers.

(a) Employee Dishonesty/Fidelity Bond?

Yes ☐ No ☐

If Yes, provide Insurer: _____ Limits: _____

(b) General Liability?

Yes ☐ No ☐

(c) E&O for any other professional services performed by the Applicant or any affiliate?

Yes ☐ No ☐



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurer or 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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a 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 a 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 the person to criminal and civil 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.

NOTICE TO 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.



The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

