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|--|-------------------------|
| <input type="checkbox"/> Evanston Insurance Company | Broker Name |
| <input type="checkbox"/> Markel American Insurance Company | Broker Street |
| <input type="checkbox"/> Markel Insurance Company | Broker City, State, Zip |

LAWYER'S ERRORS & OMISSIONS LIABILITY INSURANCE RENEWAL APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION:

Enclose a copy of the Applicant's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This application and all supplemental forms must be signed and dated by a principal of the Applicant.

Proposed Effective Date: From _____ To _____
 12:01 a.m. Standard Time at the address of the Applicant

I. GENERAL INFORMATION

1. Applicant: _____
2. Street Address: _____ City _____
 County: _____ St: _____ Zip: _____
3. a. Telephone Number: _____ b. Fax Number: _____
 c. Website Address: _____ 4. Date Established: _____

5. Staff:	Number Currently Employed	Number Who Left the Applicant in Past Year
Lawyers		
Limited License Legal Technicians*		
Paralegals		
Non-Lawyer Employees		

*Limited License Legal Technicians or equivalent designation (authorized in Washington State) are not fully licensed lawyers and may not represent clients in court, however they are licensed to practice and advise or assist clients in certain specified areas of law, as prescribed by state law or regulations.

6. List all Lawyers to be insured along with the proper designation code.
 Designation Codes: P = Partner L = Lawyer OC = Of Counsel IC = Independent Contractor
 LT = Limited License Legal Technician or equivalent designation

NAME	DESIGNATION CODE (If "OC" or "IC", indicate approximate hours per week worked for Named Insured)	YEAR FIRST ADMITTED TO BAR OR LICENSED AS "LT"	STATES WHERE LICENSED	YEAR JOINED APPLICANT

NOTE: If Applicant has more than ten (10) lawyers and Limited License Legal Technicians, please list remainder by separate attachment.

II. APPLICANT'S PRACTICE

1. Practice Areas. Describe the Applicant's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following:

CATEGORY A		CATEGORY B		CATEGORY C	
Administrative		Government Law		International Law	
Appellate		Title/Commercial		Juvenile	
Arbitration		Title/Residential		Labor/Management Representation	
Criminal		Traffic			
Immigration					
Mediation					
Municipal Law					
SUBTOTAL A		SUBTOTAL B		SUBTOTAL C	

CATEGORY D		CATEGORY E		CATEGORY F	
Litigation:		Civil Rights		Admiralty	
Plaintiff: BI/PI		Foreign Law		Antitrust	
Class Action +		Guardianships		Banking	
Mass Tort +				Commercial Law	
Medical Malpractice +				Corporate Formation	
Other Litigation				Foreclosures +	
Defense: Class Action +				General Corporate Advice	
Mass Tort +				Lobbying	
Insurance (Excluding Med Mal)				Tax Preparation	
Medical Malpractice					
Other BI/PI					
Other Litigation					
SUBTOTAL D		SUBTOTAL E		SUBTOTAL F	

CATEGORY G		CATEGORY H		CATEGORY I	
Bankruptcy		Entertainment+		Adoptions	
Collection +		Fiduciary		Environmental Law +	
Construction		Investment Counseling +		High Profile Divorce (greater than 10 Million Marital Assets)	
Estate Planning		Labor/Union Representation +		Limited Partnership Formation ++	
Estate, Trust, Wills		Mergers/Acquisitions (Corporate) +		Oil/Gas/Mining +	
Family Law		Purchase/sale of business		Real Estate Development +	
Patent, Trademark, Copyright Litigation +					
Tax Opinions					
SUBTOTAL G		SUBTOTAL H		SUBTOTAL I	

CATEGORY J		CATEGORY K		CATEGORY L	
Real Estate Syndication		Real estate closings/general		Tribal Law	
Securities / Bonds ++				Patent, Trademark, Copyright Prosecution or Searches +	
				Water Law	
SUBTOTAL J		SUBTOTAL K		SUBTOTAL L	

+ Complete the appropriate supplemental application if any percentage within the last two (2) years.

++ Complete the appropriate supplemental application if any percentage within the last five (5) years.

NOTE - Total of Categories A through L must equal 100%

2. Before releasing any wire transfer instruction is a second factor authorization received via phone? Yes No
3. Have there been any changes/enhancements made in the following areas of firm management and administration since your last application:
- a. Acceptance of New Clients/Client Screening? Yes No
 - b. Diary System/Docket Control? Yes No
 - c. Conflict of Interest System/Conflict Avoidance? Yes No
 - d. Other? Yes No

If "Yes" to 2.a. through 2.d., please explain in complete detail on a separate sheet.

4. a. Has there been any new director officer, employee or equity interest position accepted with a client since your last application? Yes No
- b. Has there been any recently acquired equity interest or changes to any existing equity interest percentages in firm clients since your last application? Yes No

If "Yes" to 3.a. or 3.b., please explain in complete detail on a separate sheet.

5. Within the last year, has the Applicant or any Insured ever acted as either In House General Counsel, or as Outside General Counsel for any Publicly Owned Client? Yes No

If "Yes", complete the Publicly Owned Clients Supplemental Application.

Note:

For purposes of this Application, the following three definitions apply:

- (1) "In House General Counsel" means any lawyer of the Applicant who provides legal advice or legal services as an employee or independent contractor working in the offices of any Publicly Owned Client.
- (2) "Outside General Counsel" means the Applicant, or any lawyer of the Applicant, who provides legal advice or legal services to any Publicly Owned Client relative to all or most of that client's corporate, commercial, or contractual related legal matters.
- (3) "Publicly Owned Client" includes any former or present client of the Applicant whose outstanding stock has been sold or traded at any time via any public stock exchange.

III. CLIENT RELATIONS

1. Major Client. Did any one client (including affiliated or related clients) account for twenty-five percent (25%) or more of your gross revenues during the past twelve (12) months? Yes No

If Yes, please provide complete details on a separate attachment.

2. a. Suits for Fees. How many suits for collection of fees have been filed against clients in the last two (2) years? _____

b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

c. What steps have been taken by the Applicant to reduce or avoid the necessity of future fee collections suits?

d. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? Yes No

3. Insolvent Clients. Please check the applicable box(s) if any past or present client for whom you provided any kind of legal service or advice subsequently became insolvent, bankrupt, or went into liquidation or receivership during the past year unless your representation was solely limited to bankruptcy work:

- a. At any time, had you been corporate counsel or general counsel for the client? Yes No
- b. Was client publicly owned, or had its stock been traded on any stock exchange? Yes No
- c. Was client any type of financial institution, financial services company, insurance company, or investment company? Yes No
- d. Did the Applicant provide any environmental, investment counseling, patent, real estate or securities legal service advice to the client? Yes No

If Yes to any part of Question 3, please provide complete details on a separate attachment.

4. Financial Institution Clients. During the past year, have you provided any of the following services to any type of Financial Institution client?

If Yes, please complete the Financial Institution Supplemental Application.

- a. Acted as general counsel? Yes No
- b. Served on any executive or loan committee? Yes No
- c. If Yes to Question 4.b., did you approve loans for any of the Applicant's clients, the Applicant or its employees, their spouses or individuals known to be family members of an Applicant's employee? Yes No
- d. Performed any commercial loan due diligence or commercial loan documentation work? Yes No

5. a. Has any Applicant member, since your last application to the Company, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body? Yes No

b. If Yes, please provide complete details on a separate sheet.

c. Since the completion of your last application to the Company, has any Applicant member had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body that resulted in any formal censure or other formal action? Yes No

d. If Yes, please provide complete details on a separate sheet.

e. Since the completion of your last application to the Company, does any Applicant member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the Applicant or its predecessor(s) in business or any of the current or former members of the Applicant or its predecessor(s) in business? Yes No

f. If Yes, please complete a Supplemental Claim Form and confirm that the incident has been reported to the Company.

g. Has there been a change to any open incident, claim, suit or disciplinary complaint since your last application to the Company? Yes No

h. If Yes, please complete a Supplemental Claim Form for each claim or circumstance detailing all new developments.

IV. COVERAGE REQUESTED

LIMIT OF LIABILITY

Each claim / Aggregate

- | | |
|--|--|
| <input type="checkbox"/> \$ 250,000 / \$ 250,000 (N/A in AR, NJ, NM, SD) | <input type="checkbox"/> \$ 2,000,000 / \$ 2,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000 (N/A in AR, NJ, SD) | <input type="checkbox"/> \$ 2,000,000 / \$ 4,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 1,000,000 | <input type="checkbox"/> \$ 3,000,000 / \$ 3,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 4,000,000 / \$ 4,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 3,000,000 | <input type="checkbox"/> \$ 5,000,000 / \$ 5,000,000 |

Claims expenses

- Included within the Limits of Liability
 Have separate Limits of Liability

AGGREGATE DEDUCTIBLE

This is the total of your contribution for all reported claims in any policy year.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 25,000 |
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> Other Specify amount \$ _____ |
| <input type="checkbox"/> \$ 10,000 | |

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, you represent and agree to each of the following five (5) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether any member of the Applicant is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section III.5. of this Application; and
2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company. (Please check all that apply.):

<input type="checkbox"/> Bond Supplemental App	<input type="checkbox"/> Labor Union Supplemental App
<input type="checkbox"/> Business Related Activities Supplemental App	<input type="checkbox"/> Limited Partnership Formation Supplemental App
<input type="checkbox"/> Claim Information Supplemental App(s)	<input type="checkbox"/> Medical Malpractice – Plaintiff Supplemental App
<input type="checkbox"/> Class Action and Mass Tort Supplemental App	<input type="checkbox"/> New Lawyers Supplemental App(s)
<input type="checkbox"/> Collection Work Supplemental App	<input type="checkbox"/> Oil/Gas/Mining Supplemental App
<input type="checkbox"/> Corporate Mergers & Acquisitions Supplemental App	<input type="checkbox"/> Outside Interest Supplemental App
<input type="checkbox"/> Entertainment Supplemental App	<input type="checkbox"/> Prior Acts Ext. – Specified Lawyers at Specified Firms
<input type="checkbox"/> Environmental Practice Area Supplemental App	<input type="checkbox"/> Publicly Owned Clients Supplemental App
<input type="checkbox"/> Financial Institution Supplemental App	<input type="checkbox"/> Real Estate Development Supplemental App
<input type="checkbox"/> Foreclosure Supplemental App	<input type="checkbox"/> Securities Supplemental App
<input type="checkbox"/> Intellectual Property Supplemental App	<input type="checkbox"/> Title Agency Supplemental App
<input type="checkbox"/> Investment Counsel/Money Mgmt Supplemental App	<input type="checkbox"/> Other: _____

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of your knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations you are making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
4. **THIS PARAGRAPH DOES NOT APPLY TO NORTH CAROLINA, UTAH OR WISCONSIN APPLICANTS.** This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, to modify or withdraw any proposal for insurance.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

NOTICE: By applying for this insurance, the applicant also is applying for membership in Premier Attorneys Purchasing Group, Inc., a purchasing group formed and operating pursuant to the Federal Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). This purchasing group was formed for the sole purpose of providing professional errors and omissions liability insurance to lawyers. The sole purpose of becoming a member is to purchase professional liability insurance.

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 IN THE THIRD DEGREE.

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.

An authorized representative who is an active owner, officer, or partner of the Applicant must sign this Application within sixty (60) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title

PRODUCERS MUST COMPLETE:

PRODUCED BY (Insurance Agent or Broker):

Producer Name: _____

Producer Signature: _____

Producer License No.: _____

Date: _____

FRAUD WARNINGS:

NOTICE TO APPLICANTS: (Not applicable to applicants in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, PA, RI, TN, VA, VT, WA or WV.) 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 may subject the person to criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO KANSAS APPLICANTS: IT IS UNLAWFUL TO COMMIT A "FRAUDULENT INSURANCE ACT" WHICH MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.