

THIS APPLICATION IS FOR "CLAIMS MADE" INSURANCE

NOTICE

THE LIMIT(S) OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. A. Name of Applicant:

Individual

Partnership

Professional Corporation

B. Address:

City:

County:

State:

Zip:

C. Telephone Number:

Federal Tax I.D. number:

D. Branch Office Address(es) (use a separate addendum if necessary)

E. Date Commenced Business:

F. Total number of Lawyers:

This Year

Last Year

G. Total number of:

Principals

Employed
Lawyers

Of Counsel

Other Staff

H. Please complete Supplement Number 1.

2. Has the name of the Applicant changed or has any other firm or organization amalgamated with or been merged into the Applicant? Is there any pending change in the name of the Applicant or pending or contemplated amalgamation or merger?

Yes

No

If yes, please give full particulars on a separate addendum.

C.	Does the Applicant currently, or did the Applicant at any time in the last five (5) years prior to the signing of the Application, provide legal services to any Financial Institution (as defined in Supplement Number 2)?	Yes	No
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If yes, please complete Supplement Number 2.

D.	Does the Applicant currently have, or has the Applicant at any time in the last five (5) years had, any one client or group of related accounts which produce more than 10% of Total Gross Billings?	Yes	No
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If yes, please attach a separate addendum explaining in detail, name and business activities of the client, the service the Applicant provides, areas of law involved and the Applicant's relationship other than as independent legal advisor.

CONTROLS

4. MANAGEMENT

A.	Is the Applicant managed by a management committee?	Yes	No
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B. How many partners or officers comprise the management committee?

C.	Does the Applicant employ an administrator?	Yes	No
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D.	What percentage of the administrator's time is devoted to the practice of law?		%
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E.	Does the Applicant use a peer review system to evaluate the performance of partners or officers?	Yes	No
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5. NEW BUSINESS

A.	Are new clients subject to approval of the Applicant's management committee or at least two partners or officers of the Applicant?	Yes	No
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B.	Does the approval include credit checks ?	Yes	No
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C.	Is information as to all new clients made available on at least a weekly basis to all partners or officers of the Applicant?	Yes	No
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D.	Does the Applicant maintain a system to avoid conflicts of interest?	Yes	No
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E.	Is the conflicts system computerized?	Yes	No
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F.	Is a lawyer generating new business required to associate with a partner or officer with specific expertise in the matter?	Yes	No
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6. **OUTSIDE COMMUNICATIONS**

- | | | |
|--|-----|----|
| A. Is it the Applicant's standard practice to use engagement and disengagement letters when agreeing or declining to represent a client? | Yes | No |
| B. Is it the Applicant's standard practice to outline in writing the Applicant's billing policy and procedure when agreeing to represent a client? | Yes | No |
| C. Do major opinion letters have to be approved by at least two partners or officers of the Applicant? | Yes | No |
| D. Do letters to auditors have to be approved by at least two partners or officers of the Applicant? | Yes | No |

7. **DOCKET AND CALENDAR** *If the answer to any of these questions is NO, please explain on a separate addendum.*

- | | | |
|--|-----|----|
| A. Does the Applicant maintain a planned docket control system and procedure with at least two independent date controls? | Yes | No |
| B. Is the docket control system and procedure computerized? | Yes | No |
| C. Does the planned docket control system and procedure produce a weekly calendar? | Yes | No |
| D. Does the planned docket control system and procedure cover all aspects of the Applicant's practice? | Yes | No |
| E. Does the planned docket control system and procedure require lawyers to both calendar and remove from the calendar all filing dates? | Yes | No |
| F. Are open calendar entries on the planned docket control system and procedure circulated to all lawyers or, if the Applicant is divided into formal departments, to all lawyers in the appropriate department? | Yes | No |

8. **TRAINING AND SUPERVISION**

- | | | |
|---|-----|----|
| A. Does the Applicant maintain a formal training program for new lawyers as to office and court procedures? | Yes | No |
| B. How many lawyers have participated in formal continuing legal education programs of at least seven hours during the last year? | | |
| C. Are all associates under the direct supervision of a partner or officer? | Yes | No |
| D. Are all associates of the Applicant subject to periodic, formalized review? | Yes | No |

9. **MISCELLANEOUS**

- A. Where the Applicant provides legal services, is there a policy forbidding Lawyers participating as a partner, officer or director in any entity other than the Applicant?
If no, please give details on a separate addendum. Yes No

- B. Do suits for collection of fees have to be approved by the Applicant's management committee or by at least two partners or officers? Yes No

- C. How many suits for collection of fees have been filed by the Applicant during the past two years?

- D. What percentage of the Applicant's billings are more than 90 days overdue? %

- E. Can the Applicant confirm that no Lawyer listed in Supplement 1 has been disciplined, censored, suspended or put on probation by any state bar, judicial body or regulatory agency?
If no, please give details on a separate addendum. Yes No

- F. Does the Applicant have a system requiring complaints by either a client or other counsel to be reviewed by a partner other than the Lawyer about whom the complaint is made? Yes No

INSURANCE

- 10. A. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured?
If yes, please give details on a separate addendum. Yes No

- B. After inquiry have any claims or suits been made against any member(s) of the Applicant or any past or present owners, partners, shareholders, corporate officers or employees or its predecessors in business in the last five (5) years?
If yes, please complete enclosed Supplement Number 4. Yes No

- C. After inquiry are any member(s) of the Applicant aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present owners, partners, shareholders, corporate officers or employees or its predecessors in business?
If yes, please complete enclosed Supplement Number 4. Yes No

11. Please give details of previous Insurance (last five (5) years) including periods of coverage (including predecessor Applicants) and including any extended claims reporting period ("tail") coverage. INFORMATION BELOW MUST INCLUDE POLICY NUMBER.

	<u>Carrier</u>	<u>Policy Number</u>	<u>Limits Each Claim/ Aggregate</u>	<u>Deductible</u>	<u>Paid Premiums</u>	<u>Coverage Dates Effective From To</u>
1.					\$	
2.					\$	
3.					\$	
4.					\$	
5.					\$	

12.

Please state coverage Limits and Deductibles Requested: Each Claim \$
 Annual Aggregate \$
 Amount of Deductible for each and every claim \$
 or
 Amount of Aggregate Deductible \$

Limits of Liability available (In Thousands):

\$1,000 / 1,000	\$4,000 / 4,000
\$2,000 / 2,000	\$5,000 / 5,000
\$3,000 / 3,000	\$10,000 / 10,000

Deductibles Available:

\$25,000	\$50,000	\$75,000	\$100,000	Other \$
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The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any insurance issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such insurance, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should insurance be issued.

This application is signed on behalf of all owners, partners, shareholders, corporate officers and employees.

_____ TITLE
 AUTHORIZED SIGNATURE OF APPLICANT

_____ Effective Date Requested for this Insurance
 Date

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED:

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED

INDIVIDUAL INSUREDS FOR WHOM COVERAGE IS BEING SOUGHT

NAME OF THE APPLICANT:

IN ACCORDANCE WITH QUESTION 1.H. PLEASE NAME ALL OWNER(S), PRINCIPALS, PARTNERS, OFFICERS, AND EMPLOYED LAWYERS:

N.B. COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE APPLICANT FIRM

	<u>Name</u>	<u>Title</u>	<u>Month/Year Admitted To Bar</u>	<u>Previous Firm</u>
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	<u>Name</u>	<u>Title</u>	<u>Month/Year Admitted To Bar</u>	<u>Previous Firm</u>
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50.				

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

FINANCIAL INSTITUTIONS

NAME OF THE APPLICANT:

THE TERMS "INSTITUTION" OR "FINANCIAL INSTITUTION" MEANS ANY SAVINGS & LOAN, BANK, CREDIT UNION, SAVINGS ASSOCIATION, BUILDING & LOAN ASSOCIATION; OR SERVICE COMPANY, SUBSIDIARY CORPORATION OR HOLDING COMPANY OF THE AFOREMENTIONED.

N.B. INFORMATION PROVIDED HEREIN DOES NOT CONSTITUTE NOTICE OF CLAIM OR POTENTIAL CLAIM. IF YOU WISH TO GIVE NOTICE PLEASE REFER TO SUPPLEMENT 4.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON PAGE 2 OVERLEAF

For any Financial Institution for which any member of the Applicant or its Predecessors has provided services in the last five (5) Years please provide:

1. **NAME** - Fill in the name of the institution - If space is insufficient please abbreviate (e.g. FSB for Federal Savings Bank.)
2. **CITY/STATE** - The City and State where the institution is based.
3. **WORK FROM/TO** - The first Date when work was performed then the most recent date when work was performed.
4. **STATUS** - Circle ONE of the Options as follows:
 - F - If the Institution has Failed, been declared insolvent, placed into receivership or liquidation.
 - M - If the Institution has been Merged or Sold at regulatory direction.
 - C - If the Institution is currently under Conservatorship controls.
 - R - If the Institution is Operating under any Regulatory agreement.
 - O - If None of the above apply.
5. **DIRECTORSHIP** - Circle Yes if any members of the applicant were directors of the Institution during the period when work was performed. Otherwise Indicate No.
6. **EQUITY** - Please indicate the Total Percentage Equity held by all members of the Applicant combined.
7. **WORK PERFORMED** - Circle if ANY of the following services were performed for the Institution.
 - GC - If any member of the Applicant performed work as General Counsel.
 - RC - If any member of the Applicant performed work as Regulatory Counsel.
 - SC - If any member of the Applicant performed work as SEC Counsel.
 - LD - If any member of the Applicant performed work on Loan Documentation.
 - LC - If any member of the Applicant performed work on Loan Closings.
 - SO - If any member of the Applicant performed work on Securities Offerings.
 - FB - If any member of the Applicant performed work on Fidelity Bond Claims.
 - O - Other - Please explain on a Separate Addendum.
8. **MALFEASANCE** - Circle Yes if there has been any allegation of Malfeasance against the Institution by the RTC, FSLIC, FDIC, SEC or any other State or Federal Regulatory organization. If not please indicate No.

IMPORTANT: PLEASE REFER TO FULL QUESTIONS ON PAGE 1 PRIOR TO COMPLETING THIS PAGE

STATUS F - Failed / M - Merged or sold / C - under Conservatorship / R under Regulatory agreement / O - None of the foregoing
WORK PERFORMED GC - General Counsel / RC - Regulatory Counsel / SC - SEC Counsel/ LD - Loan Documentation / LC - Loan Closings / SO - Securities Offerings / FB - Fidelity Bond Claims / O - Other, Please Explain on a Separate addendum

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

NAME:		CITY:		STATE:		WORK FROM:		TO:	
STATUS: F M C R O		DIRECTORSHIP: Y/N		EQUITY: %		WORK PERFORMED: GC RC SC LD LC SO FB O		MALFEASANCE: Y/N	

If the Institution has Failed, Merged or is under Conservatorship, please indicate the date this occurred, whether work was performed prior to that date and whether it was on a one off or ongoing basis.

If there is anything you wish to add by way of comment or explanation please fill out and attach a separate addendum.

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

 AUTHORIZED SIGNATURE OF APPLICANT

 TITLE

 DATE

SECURITIES LAW

NAME OF THE APPLICANT:

- | | | |
|----|--|----------------------------|
| 1. | What percentage of Applicant's securities practice for % of Gross past fiscal year involved | <u>% of Gross Billings</u> |
| | A. Securities registered under the Securities Act of 1933 | % |
| | B. Municipal Bonds | % |
| | C. Private Placements and State Registrations | % |
| | D. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than takeovers or mergers of publicly held companies. | % |
| | E. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held companies. | % |
| | F. Syndications, Tax Shelters, Limited Partnerships. | % |
| | G. Other Securities work - Please describe: | % |

- | | | | |
|----|---|-----|----|
| 2. | A. Does the Applicant conduct what is commonly referred to as a "Due Diligence" investigation when representing clients as to the offering or sale of securities? | Yes | No |
| | B. If Yes, does the Applicant make routine use of checklists in its investigations? | Yes | No |

- | | | | |
|----|---|-----|----|
| 3. | During the past five (5) years has the Applicant been involved in or had the knowledge of any facts which would indicate that they may be included in an investigation of administrative action by the SEC or any state agency regulating securities? | Yes | No |
|----|---|-----|----|

If yes, please give details on a separate addendum.

4. Please list representation in the past two years in a hostile or contested takeover or merger and tick client company.

<u>Name of Acquiring Company</u>	<u>Client</u>	<u>Name of Target Company</u>	<u>Client</u>	<u>Value of Transaction</u>
				\$
				\$
				\$
				\$

Please list all the securities transactions the Applicant has been involved in during the past two (2) years and provide the following information.

ISSUER	The name of the organization issuing the securities.
BUSINESS	The business activity of the issuer e.g. Electronics, Real Estate...
\$ OFFERING SIZE	The Maximum dollar amount sold or anticipated to be sold.
DATE	If filed, the date of filing otherwise an estimated date.
UNDERWRITER	The name of the organization Underwriting the securities.
ACCOUNTANT	The name of the Accountant involved in the issue.
SECURITY TYPE	Form of security offered e.g. Common stock, municipal bonds, bonds, Ltd Partnership...
INVESTMENT GRADE	Please name grade and source if applicable.
CLIENT	Please circle to indicate your client as I - Issuer / U -Underwriter / P - Purchaser / S - Special Counsel such as work on a tax opinion which is referred to or relied upon in the preparation of a prospectus or other offering document.

ISSUER	BUSINESS	\$ OFFERING SIZE	DATE	UNDER WRITER	ACCOUNTANT	SECURITY	INVESTMENT GRADE	CLIENT
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								
		\$						I U P S
Narrative								

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 AUTHORIZED SIGNATURE OF APPLICANT

 TITLE

 DATE

SUPPLEMENTAL CLAIM FORM

NAME OF THE APPLICANT:

APPLICANT'S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE (5) YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10.B OR 10.C. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.**
- 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET. DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT.**
- 3.. PLEASE LEAVE NO BLANKS.**

- 1 Full name of individual(s) and name of firm involved in the claim:
 - a.
 - b.
 - c.

- 2 Additional Defendants:
 - a.
 - b.
 - c.

3. Full name of claimant:

4. Date of alleged error:

5. To what insurance company did you report this claim:

6. Date reported to insurance company:

7. Present status of claim: (Circle One) Open In Suit Closed

8 Total damages paid/outstanding:\$

9. If pending:
Amount asked in summons:\$
Claimants Settlement demand:\$
Defendant's offer for settlement:\$

10. Description of claim - including likelihood if pending: (Please provide enough information to allow an evaluation.) (Do not attach summons and complaint.)

a. Allegation upon which Claimant bases claim:

b. Description of case and events:

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT.

AUTHORIZED SIGNATURE OF APPLICANT TITLE

DATE

Supplemental information:

(please reference any questions you are referring to)