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NOTICE: THIS IS A CLAIMS MADE POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. THIS POLICY CONTAINS A PROVISION PLACING CLAIM EXPENSES OUTSIDE THE LIMITS OF LIABILITY. THIS POLICY CAN BE ENDORSED TO PLACE CLAIM EXPENSES WITHIN THE LIMIT OF LIABILITY WHEN THE LIMIT OF LIABILITY PURCHASED IS \$500,000 OR MORE.

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION – New York

1. Applicant Information

Name: _____ Phone: _____
Address: _____ Fax: _____
City State Zip Website: _____
E-mail: _____
Applicant is: [] Proprietorship [] Partnership [] Corporation [] Association [] LLP [] LLC
Year Firm Established: _____
Has the applicant merged with or acquired any firms in the last 3 years? _____

2. Limits Requested – Per Claim/ Aggregate (Check all that apply)

[] \$100,000/ \$300,000 [] \$250,000/ \$750,000 [] \$750,000/ \$1,500,000 [] \$1 million/ \$2 million [] \$2 million/ \$2 million
[] \$200,000/ \$600,000 [] \$500,000/ \$1,000,000 [] \$1 million/ \$1 million [] \$1 million/ \$3 million [] _____ Other

3. Deductible Requested: _____

4. Personnel – List all Lawyers to be covered: (Do NOT list “of counsel”, independent contractor lawyer or per diem lawyer)

Table with 5 columns: NAME, STATUS DESIGNATION CODES *, STATE(S) ADMITTED TO PRACTICE, YEAR FIRST ADMITTED TO BAR, YR. LAWYER JOINED APPLICANT FIRM. Rows 1-6.

* S – Sole proprietor P – Partner/ Member E – Employed lawyer
_____ Hours of service provided to the applicant per year by “of counsel”, independent contractor lawyers and per diem lawyers.
_____ Total number of lawyers who left firm in past year.
_____ Current total number of non-lawyer employees.
Attach separate sheet if necessary.

5. Area of Practice

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year

Admiralty/ Marine _____%	Environmental _____%	Real Estate – Condo Offering _____%
Anti-Trust Trade Regulation _____%	ERISA _____%	Securities – Federal * _____%
Arbitration/ Mediation _____%	Est.Plan/Probate/Trusts/Wills _____%	Securities – State * _____%
Banking _____%	Immigration _____%	Securities– Private Placement _____%
Bankruptcy _____%	International Law _____%	Securities – Bond _____%
Bodily Injury/ Defense _____%	Investment Counseling _____%	Social Security Disability _____%
Bodily Injury/ Plaintiffs _____%	Labor Relations _____%	Tax Preparation _____%
Collection Repossession _____%	Public Utilities _____%	Tax Opinions _____%
Copyright/Patent/TM _____%	Real Estate – Residential _____%	Workers Comp/Defense _____%
Corporate _____%	Real Estate – Commercial _____%	Workers Comp/Plaintiff _____%
Criminal _____%	Real Estate – Synd. Devel. _____%	OTHER(describe if over 5% _____%
Domestic Relations _____%	Real Estate – Title Work _____%	TOTAL (Must equal 100%) <u>100</u> %
Entertainment _____%		

• * Please complete **Securities Supplemental Application.**

B. Does the Applicant have any high-profile clients who are entertainers, sports figures or public officials? If “Yes”, please explain by attachment. Yes No

C. Does the Applicant have discretionary investment authority for any clients? Yes No
 If “Yes”, please list total number of clients.
 Number of Clients: _____
 Is any one client account for more than \$500,000? Yes No
 Is the authority limited and in writing? Yes No

D. In the last five (5) years, has any attorney with the Applicant firm, represented any financial institution? Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any subsidiary or lending affiliate thereof. Yes No
 If “Yes”, complete the **Financial Institutions Supplemental Application.**

E. Does any firm attorney serve as a director, officer, trustee (other than estate trusts), partner or employee of any client? Yes No
 If “Yes”, please complete the **Outside Interests Supplemental Application**

F. Does the firm member exercise fiduciary control or possess any ownership interest in any client or any business venture with a client? Yes No
 If “Yes”, please complete the **Outside Interests Supplemental Application.**

6. Firm Policies and Procedures

Use engagement letters on all new matters? Yes No

Require clients to sign engagement letters/ agreements? Yes No

Use nonengagement and disengagement letters? Yes No

Use any of the following conflict avoidance methods:
 Oral/ Memory? Yes No
 Computer? Yes No
 Conflict Committee? Yes No
 Index File? Yes No

Update its conflict avoidance system at least weekly? Yes No

Cross-check conflicts by predecessor, merged or acquired firms? Yes No

Insist on obtaining a written waiver from its clients in order to perform on-going services when an actual/potential conflict exists? Yes No

Allow attorneys to enter into business with firm clients? Yes No

Require disclosure if such relationships are permitted? Yes No

Maintain a calendar system using these methods:

- Single Calendar
- Dual Calendar
- Tickler Cards
- Computer
- Master Listing

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Use two individuals to maintain its calendar system?

Update its calendar system at least weekly?

Place ultimate responsibility for calendar system with a firm lawyer?

B. If you are a sole practitioner, have you designated a lawyer(s) who will be responsible for your affairs if you are absent for an extended period of time (i.e. vacation, etc)

- Yes No

C. What is the total number of hours of continuing legal education within the last year for all lawyers?

D. How many times has the Applicant sued a client for unpaid fees in the last 3 years?

E. Does any single client account for more than twenty-five percent (25%) of the Applicant's gross annual billings?

7. Claims, Incidents & Disciplinary Actions

After inquiry, has any lawyer to be insured under this policy:

A. Ever has professional liability insurance cancelled or nonrenewed?
If "Yes", please explain by attachment.

- Yes No

B. Ever been disbarred or been the subject of reprimand, censure, sanction or other disciplinary action, or been refused admission to the Bar?

- Yes No

C. Been the subject of a professional liability claim or suit in the last five (5) years?

- Yes No

D. Knowledge of any circumstance, act error, or omission that could result in a professional liability claim?

- Yes No

If "Yes", to C. or D. above, please complete a **Claims Supplemental Application** for each instance.

8. Prior Insurance

Current Prior Acts Exclusion date/ or retroactive date: _____

Please list professional liability insurance carried by the Applicant and predecessor firms over the past three (3) years:

Inception From (Mo-Day-Yr)	Expiration To (Mo-Day-Yr)	Insurance Company	Policy Number	Limits of Liability	Deductible (if any)

Is the applicant being covered by an Extended Reporting Period Endorsement?

- Yes No

If "Yes", please attach details.

9. Signature

Please Read carefully and Sign Below where indicated.

The undersigned proprietor, partner, member or officer, acting on behalf of the applicant and all others to be insured, hereby,

- (A) Declares after diligent inquiry that the above statements and particulars are true and that no material facts have been suppressed or misstated:
- (B) Acknowledges that it is understood and agreed that (1) the completion of this application does not bind Liberty Insurance Underwriters, Inc. to issue nor the Applicant to purchase the insurance; (2) however, this application will be the basis of the contract if a policy is issued; and (3) all written statements and material furnished to Liberty Insurance Underwriters, Inc. in conjunction with this application are hereby incorporated by reference into this application and made part hereof; and
- (C) Acknowledges that, in the event Liberty Insurance Underwriters, Inc. issues a policy, (1) Liberty Insurance Underwriters, Inc. in providing coverage will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated into the policy; and (2) in the event of a claim for which coverage would be otherwise be available under this policy, the Applicant will be required to be defended by lawyers appointed by Liberty Insurance Underwriters, Inc. and if the Insured elects to handle any claim without such lawyers or otherwise without Liberty Insurance Underwriters, Inc.'s involvement, then no coverage for such claim will be afforded the Applicant under the policy.

NOTICE: 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 violation.

Sign & Date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____

THIS APPLICATION MUST BE SUBMITTED TO:

N. I. F. PRO

A DIVISION OF NORTH ISLAND GROUP

30 PARK AVENUE
MANHASSET, NY 11030-2444
TEL. 516-365-7440 800-664-3776 FAX 516-365-9566

FINANCIAL INSTITUTION SUPPLEMENTAL APPLICATION

Only applicants answering "Yes" to **Question 5.** of the Lawyers Professional Liability Insurance Application must complete this supplemental application.

Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof. Please attach a separate sheet for additional financial institutions to explain your activities fully.

- (1) In the last five (5) years, has any member of your firm represented any financial institution which has been declared insolvent or operated under regulatory direction or regulatory agreement?
 No Yes If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.

- (2) In the last five (5) years, has any member of your firm served as general counsel, CEO, chairman, president or any other officer, director, member of any committee of any financial institution?
 No Yes If "Yes", in the table below, provide the name of the attorney(s), dates and description of the services provided, estimated billings, official capacity, including committee assignment, and equity value of ownership.

- (3) In the last five (5) years, has any member of your firm has any equity interest in any financial institution?
 No Yes If "Yes", in the table below, provide the name of the attorney(s), the dates and description of the services provided, estimated billings, official capacity, including committee assignments, and equity value of ownership.

***If 1,2, and 3 are all marked "No" further information is not required. Please sign and date below.**

Complete the following only if required in items 1-3 above. Attach additional sheets if necessary.

FINANCIAL INSTITUTION AND LOCATION	GENERAL DESCRIPTION OF SERVICES PROVIDED	DATE(S) OF SERVICES	ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP
NAME		FROM	ATTORNEY(S)
CITY, STATE		TO	OFFICIAL CAPACITY
INSOLVENCY DATES		\$ BILLING \$	% OF OWNERSHIP

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

Sign and date in ink.

Name of Firm: _____

Signed by: _____

Print Name: _____

Title: _____

Date: _____

OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION

Instructions: Only applicants answering “Yes” to **Question 5.E or 5.F** of the lawyers Professional Liability Insurance Application must complete this form. If your firm has already completed the Financial Supplemental Application, please do not repeat that information below. Attach additional sheets if necessary.

Name of Lawyer	Position Held (including committee)	Legal Service Performed	Name of Outside Business	Nature of Business	Equity Interest (% of interest)	% of Firm's Gross Billings	D&O Insurance	
							Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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Sign and date in ink.

Name of firm: _____

Signed by: _____

Print Name: _____

Title: _____

Date: _____

SECURITIES SUPPLEMENTAL APPLICATION

SECTION I – Risk Management

- 1) 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 business, and history of changing Securities, attorneys and accountants?
- IN WRITING?**
 Yes No
- 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?
- IN WRITING?**
 Yes No
- 2) 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 to be furnished in the transaction?
- IN WRITING?**
 Yes No
- Yes No
- 3) Does the applicant have a procedure requiring at least one Securities lawyer who is not working in the transaction in question review and approve all written legal opinions to be furnished in the transaction?
- IN WRITING?**
 Yes No
- Yes No
- 4) Does the applicant have a procedure requiring an experienced Securities lawyer to interview the client’s directors, executive officers, and principals in connection with document preparation and review?
- IN WRITING?**
 Yes No
- Yes No
- 5) Does the applicant have 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?
- IN WRITING?**
 Yes No
- Yes No
- 6) 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 applicant’s lawyer?
- IN WRITING?**
 Yes No
- Yes No
- 7) Does the applicant have a procedure precluding the use of pre-signed signature pages for registration statements (other than for immaterial amendments) ?
- IN WRITING?**
 Yes No
- Yes No
- 8) Does the applicant have a procedure precluding the use of applicant’s name in disclosure documents other than as having passed on specified legal matters?
- IN WRITING?**
 Yes No
- Yes No
- 9) 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)?
- IN WRITING?**
 Yes No
- Yes No
- 10) 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?
- IN WRITING?**
 Yes No
- Yes No
- 11) Does the applicant have a policy prohibiting any arrangement where a Securities client pays for the applicant services with client securities?
- IN WRITING?**
 Yes No
- Yes No

SECTION II – Certain Exempted Transactions

- A. Has the applicant provided legal services in connection with the offer and sales 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 Section 3 or 4 of the 1933 Act or any Regulation thereto:
- 1) Section 3(a)(11) and/or Rule 1477?
- 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 Law?
- Yes No
- If “Yes”, were disclosure documents used in connections with all Section 3(a)(11) offerings?
- Yes No

Please complete the schedule below for securities addressed in 1(a) or 1(c) above:

Name of Institution	Location	Nature of Legal Service Provided	Dates of Service

2. During the last five (5) years, has the applicant provided legal services in connection with the offer and sale of private placement bonds?
 Yes No

If "Yes", were disclosure documents used in connection with all private placement bonds with an aggregate price of \$100,000 or more?
 Yes No

3. In the last five (5) years, what is the approximate number of bond issues for which the applicant firm has provided legal services?
 (a) # _____
 (b) Indicate the type of bonds issues (by percent):
 General Obligation _____% Refunding _____%
 Revenue _____% Other (provide details) _____%
 (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 a 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 issues:
 1) Are currently in default? _____ 2) 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 receiving 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 V – 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 a lawyer has billed on Securities Law matters during the past twenty-four months. Round to the nearest fifty hours.

Lawyer	# of Years Securities Law Experience_	Securities Practice Billable Hours Most Recent 12 Months	Securities Practice Billable Hours Prior 12 Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION VI – Other Securities Legal Service

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

Client	Date(s) of Service	Legal Services Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Sign and date in ink.

Name of Firm: _____

Signed by: _____

Print Name: _____

Title: _____

Date: _____

INTELLECTUAL PROPERTY/ PATENT, COPYRIGHT OR TRADEMARK
SUPPLEMENTAL APPLICATION

1. Number of Attorney's admitted to Patent Bar: _____

2. Number of Patent Agents in Firm: _____

3. Describe your deadline control systems for PCT filing:

4. Indicate your five largest clients and all projects performed for them during the last 3 years:

Client	Project (Patent) Description

5. Describe patent and trademark work performed in the past fiscal year:

a. Prosecution of patent – domestic	_____ %	_____ # of cases
b. Prosecution of patent – international	_____ %	_____ # of cases
c. Litigation representing Plaintiff	_____ %	_____ # of cases
d. Litigation representing Defendant	_____ %	_____ # of cases
e. Rendering of Infringement Options	_____ %	_____ # of cases
f. Copyright and Trademark work	_____ %	_____ # of cases
g. Other (describe)	_____ %	_____ # of cases

6. Does the Firm sub-contract work to others? (independent patent agents/ other firms) If so, describe:

7. Please attach copies of engagement letters, disengagement letters and fee agreements utilized when accepting clients. Are "contingent fee" relationships accepted? If so, describe terms:

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Sign & date in ink.

Signed by: _____ Title: _____

Print Name: _____ Date: _____

CLAIMS SUPPLEMENTAL APPLICATION

Claims or Incidents

Complete **one** for each claim or incident.

- A. Full name of individual(s) or firm involved: _____
- B. Full name(s) of Claimant(s) or potential Claimant(s): _____
- C. This is a: Claim Suit Incident
- D. Date and location of act, error or omission alleged or which may be alleged: _____
- E. Date of Claim or suite: _____
- F. Additional defendant(s) or potential defendant(s): _____
- G. If this is a CLOSED MATTER:
Total loss paid including deductible(s): _____
- H. If this is a PENDING matter please indicate:
Claimant's settlement demand: _____
Defendant's offer or settlement: _____
Insurer's reserves: _____
- I. Name(s) of Insurer(s) responding to this claim or incident: _____
- J. Description of alleged act, error or omission upon which claim is or may be based: _____

- K. Description of the type and extent of injury or damage which is or may be alleged to have been sustained: _____

- L. Explain what action(s) have been taken to prevent recurrence of same or similar claims: _____

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Sign & Date in ink.

Signed By: _____ Title: _____

Print Name: _____ Date: _____

NEW LAWYER FORM

Instructions:

1. This form must be completed by the New Lawyer, and must be signed by the New Lawyer and an Owner, Officer, or Partner of the Firm.
2. Answer all questions completely. If space is insufficient, attach a separate sheet.

Please type or print.

1. Firm Name: _____
Date New Attorney Joined/ Will Join Firm: _____

2. COMPLETE THE FOLLOWING FOR THE NEW LAWYER WHO JOINED/ WILL JOIN THE FIRM
- | NEW LAWYER'S NAME | DESIGNATION
CODE * | YEARS IN
PRACTICE | STATE(S) ADMITTED TO
PRACTICE |
|-------------------|-----------------------|----------------------|----------------------------------|
| | | | |
| | | | |
| | | | |

* Designation Codes P – Partner/ Member E – Employed Lawyer

PAST YRS	PROFESSIONAL LIABILITY INSURANCE COMPANY	POLICY NUMBER	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	POLICY PERIOD (MONTH/DATE/YEAR)

1. _____
2. _____
3. _____

- *(Provide any information pertaining to the purchase of an Extended Reporting Period Endorsement or “Tail Option)
3. Is the lawyer identified in question #2 above aware of any professional liability claims or suits made against him or her in the past five (5) years, or any circumstances, acts, errors or omissions that could result in a professional liability claim or suit?
 No Yes (If “Yes”, a **Claims Supplemental Application** must be completed for each claim or incident)
 4. During the past five (5) years has any insurance carrier or Lloyd’s cancelled or refused to renew any lawyers professional liability policy covering the new lawyer?
 No Yes (If “Yes”, please provide a copy of such action)
 5. Has the new lawyer identified in question #2 above ever been refused admission to practice, disbarred, suspended from practice, formally Reprimanded, or been the subject of disciplinary action?
 No Yes (If “Yes”, please provide a copy of any such action)
 6. Please list law firms and/or employers and dates of employment for the past five (5) years:

POSITION	EMPLOYER – CITY/ STATE	DATES – FROM/ TO (MM/DD/YY)

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Sign & Date in ink.

New Lawyer
Signed By: _____ Title: _____
Print Name: _____ Date: _____

Partner
Signed By: _____ Title: _____
Print Name: _____ Date: _____

