



Legalis Vexillum (Admitted) & Legalis Consilium (Non-Admitted)

RENEWAL APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
THIS APPLICATION IS FOR A
"CLAIMS MADE AND REPORTED" INSURANCE POLICY

Please read the entire Application carefully before signing. The Application must be signed and dated by a Principal of the Firm. Whenever used in this Application, the term "Firm" means the Named Insured(s) and any other entity proposed for coverage. Please answer all questions and complete the applicable Addendums.

Renewal Information

Firm Name: _____ Policy Number: _____

PLEASE COMPLETE THE LAWYER ROSTER (ADDENDUM 2) FOR EACH LAWYER SEEKING COVERAGE.

- A. Has the Firm added any additional locations within the past twelve (12) months? Yes No
If YES, please provide details on the attached Addendum 5 (i.e. city, state, billings and number of Lawyers).
- B. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:
Current Fiscal Year: \$ _____ Prior Fiscal Year: \$ _____
- C. Is there any pending change in the name of the Firm or pending/contemplated merger? Yes No
If YES, please provide details on the attached Addendum 5.
- D. Have there been changes of more than 10% to any Area of Practice during the past twelve (12) months? If YES, please complete the attached Addendum 1. Yes No
- E. In the past twelve (12) months, have any Firm Lawyers held any equity interests in client business not previously reported? If YES, please complete the attached Addendum 4. Yes No
- F. Does any single client produce more than 25% of Total Gross Billings? Yes No
If YES, please provide details including client name, number of years as a client, nature of client business, Area(s) of Practice and percentage of Gross Billings on the attached Addendum 5.
- G. Have there been changes to the Firm's Conflict of Interest or Client Intake procedures, or Calendaring and Docket Control systems in the past twelve (12) months? Yes No
If YES, please explain: _____

- H. Has the Firm filed any suits for unpaid legal fees over the past twelve (12) months? Yes No
If YES, please provide a detailed explanation and current status of the suit(s) on the attached Addendum 5.
- I. What percentage of the Firm's billings are overdue by more than 120 days? _____%
- J. Does the Firm provide any legal services to the cannabis industry? Yes No
If YES, please use the attached Addendum 5 to detail any work not previously reported to us.
- K. Does any Lawyer hold equity interest in any cannabis client? Yes No
If YES, please complete the attached Addendum 4.

Area of Practice Supplemental Questions

Collections

N/A (Skip Questions A – D)

- A. How many non-Lawyer staff members have worked on collection cases? _____
- B. What is the average dollar value of debt collected over the past twelve (12) months? \$ _____
- C. What is the highest dollar value of debt collected over the past twelve (12) months? \$ _____
- D. Has the Firm executed any indemnity agreements with any parties that seeks to indemnify or hold harmless any party for alleged violations of the FDCPA or any State debt collection laws over the past twelve (12) months? Yes No

Plaintiff Litigation

N/A (Skip Questions E – G)

- E. Have there been any new class action or mass tort cases over the past twelve (12) months? Yes No
If YES, please provide details on the attached Addendum 3.
- F. What is the average dollar value of the Firm’s Plaintiff Litigation matters over the past twelve (12) months? \$ _____
- G. What is the highest dollar value of any single Plaintiff Litigation matter over the past twelve (12) months? \$ _____

Real Estate

N/A (Skip Questions H – J)

- | | Residential | Commercial |
|--|------------------------------|-----------------------------|
| H. Purchase & Sale | | |
| 1. Approximate number of transactions in past twelve (12) months? | _____ | _____ |
| 2. Largest value Real Estate transaction in the past twelve (12) months? | _____ | _____ |
| I. Title Work | | |
| 1. Number of Title Opinions issued in the past twelve (12) months? | _____ | _____ |
| 2. Number of Title Insurance Policies issued in the past twelve (12) months? | _____ | _____ |
| 3. Number of Title Searches conducted in the past twelve (12) months? | _____ | _____ |
| 4. Does the firm maintain any equity interest in a Title Agency not previously reported to us? If YES, please complete the attached Addendum 4. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. Foreclosures | | |
| 1. Number of Foreclosures in the past twelve (12) months? | _____ | _____ |
| 2. Average value of foreclosed property in the past twelve (12) months? | _____ | _____ |
| 3. Maximum value of foreclosed property in the past twelve (12) months? | _____ | _____ |

Claims, Circumstances and Disciplinary Actions

After inquiry of all Lawyers listed on the Roster, have any of the following occurred over the past twelve (12) months?

- A. Disciplinary actions against any Lawyer (e.g. disbarred, or been the subject of a reprimand, censure or sanction, including any refused admission to any State Bar) that has not been previously reported to us? Yes No
- B. Claims, incidents or circumstances that could result in a claim that has not been previously reported to us? Yes No
- C. Changes in the status, amounts reserved and/or amounts paid for claims that were pending when the Firm first bound coverage with us? Yes No

If YES to A, B or C, please complete a Claim Supplement for EACH matter.

NOTICE: It is agreed by all concerned that if any of the proposed Insured Persons is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

NOTICE: The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct. Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

The Principal below declares and warrants that he / she has the authority to sign this letter on behalf of the Firm.

Print Name: _____

Signature: _____

Date: _____ **Title:** _____

Addendum 1 – AOP Table

Administrative	%	FAMILY LAW		LITIGATION	
Admiralty / Maritime	%	Adoption Law	%	Class Action / Mass Tort – Plaintiff	%
Antitrust / Trade Regulation	%	Child Custody / Guardianship	%	Class Action / Mass Tort – Defense	%
Arbitration / Mediation	%	Divorce – Assets under \$2M	%	Commercial Litigation	%
Banking / Financial Institutions	%	Divorce – Assets over \$2M	%	Insurance Defense – Med Mal / Products / Professional Liability	%
Bankruptcy	%	Elder Law	%	Insurance Defense – Auto / Property Damage	%
Collections	%	Social Security	%	Personal Injury – Plaintiff	%
Communications	%	Government/Municipal (no bonds)	%	Workers Compensation	%
Construction	%	Healthcare	%	REAL ESTATE	
COMMERCIAL / CORPORATE		Immigration	%	Foreclosure	%
General	%	INTELLECTUAL PROPERTY*		Landlord / Tenant	%
Formation / Alteration	%	Copyright / Trademark	%	Purchase & Sale	%
M&A	%	Litigation	%	SECURITIES / BONDS	
Other: _____	%	Patent	%	Federal	%
Criminal	%	Investment Counseling	%	State	%
Employment / Civil Rights	%	International Law	%	TAX	
Environmental	%	LABOR LAW		Corporate	%
Entertainment	%	Management	%	Individual	%
ERISA / Employee Benefits	%	Employee/Union	%	Tax Opinions	%
				TRUST & ESTATES	
				T&E – Assets under \$2M	%
				T&E – Assets over \$2M	%
				Other: _____	%
				Other: _____	%
				TOTAL	%

Addendum 2 – Lawyer Roster

Codes:	<p>“O” Officers, Directors or Shareholders of the Firm who are licensed attorneys</p> <p>“P” Partner / Member</p> <p>“E” Employed Lawyers (must be an employee of the Firm)</p> <p>“C” Of Counsel attorneys for whom coverage is desired</p> <p>“A” Associate for whom coverage is desired</p> <p>“IC” Independent Contractor attorney for whom coverage is desired</p>
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Please complete for each Lawyer seeking coverage. If additional space is required, please duplicate this list as necessary.

1.	NAME OF INDIVIDUAL LAWYER	CODE(S)	YEAR ADMITTED TO BAR	YEAR JOINED FIRM	ANNUAL BILLABLE HOURS
2.					
3.					
4.					
5.					
6.					
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8.					
9.					
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11.					
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28.					
29.					
30.					

Addendum 3 – Class Action Table

Date Representation Began	Subject Matter	Jurisdiction	Plaintiff or Defendant?	Certified?	Total # Class Members and # of Members Represented	Total Damages Estimated	Status*
1.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
2.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
3.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
4.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
5.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	

Addendum 4 – Outside Interests Table

Lawyer Name	Client Name	Nature of Business	Professional Services	Position Held	% Equity Interest	Annual % of Firm Gross Billings
1.						
2.						
3.						
4.						
5.						

Addendum 5

FRAUD WARNINGS

GENERAL: 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.

The fraud warnings listed below are applicable in the following states: AL, AK, AZ, AR, CA, CO, DE, DC, FL, HI, ID, IN, KY, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TN, TX, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.

ALABAMA: 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.

ALASKA: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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 Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA: 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.

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.

HAWAII: 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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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

LOUISIANA: 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.

MAINE: 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.

MARYLAND: Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEBRASKA: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK: 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.

OHIO: 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.

OKLAHOMA: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: 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.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.