







## SECTION III – Entertainment (continued)

- C. In the past three (3) years, has the Firm or any member of the Firm for whom coverage is sought:
1. entered into a business relationship with any of the Firm’s Entertainment clients beyond providing legal services? Yes  No
  2. been granted the authority to write checks on behalf of any Entertainment clients? Yes  No
  3. provided investment advice or made investments on behalf of any Entertainment clients? Yes  No
  4. billed fees based on a percentage of an Entertainment client’s income? Yes  No
  5. served as an agent or manager or negotiated personal appearances or product endorsements? Yes  No
  6. served as a trustee? Yes  No
- If YES to any of questions 1 – 6, please provide details for each matter on the attached Addendum.**
- D. Does the Firm have written procedures for handling conflict of interests? Yes  No
- E. Does the Firm obtain and hold on file signed conflict waiver from all parties? Yes  No

## SECTION IV – Intellectual Property

N/A (Skip to SECTION V)

- A. Complete the following chart for all Firm Lawyers practicing Intellectual Property Law

Lawyer Name	Area of Concentration	Years of IP Experience	IP Billable Hours Past Year
1.			
2.			
3.			
4.			
5.			

- B. Provide a breakdown of the Firm’s IP practice by gross billings. **OVERALL TOTAL MUST EQUAL 100%**

IP Litigation	%	Patent Infringement Counseling	%
Copyright / Trademark Registration / Licensing	%	Domestic patent prosecution	%
Patent Searches	%	Foreign patent prosecution	%
Other: _____	%	<b>TOTAL</b>	%

- C. Does the Firm refer clients to other law Firms or act as co-counsel with other Firms regarding Intellectual Property matters? Yes  No
- D. Does the Firm maintain a specific IP docket system? Yes  No
- If YES, does that docket system track:**
1. statutory bar dates? Yes  No
  2. copyright and trademark renewal filings? Yes  No
  3. responses to an office action? Yes  No
  4. infringement action filing? Yes  No

## SECTION V – Plaintiff Litigation

N/A (Skip to SECTION VI)

- A. Total number of Plaintiff cases during that past twelve (12) months? \_\_\_\_\_
- B. Average number of Plaintiff cases per Lawyer during the past twelve (12) months? \_\_\_\_\_
- C. What percentage of gross revenue was derived from Class Action and/or Mass Tort / Toxic Tort matters during the past three (3) years? \_\_\_\_\_ %
- D. What is the average dollar value of the Firm’s Plaintiff Litigation matters over the past three (3) years? \$ \_\_\_\_\_
- E. What is the highest dollar value of any single Plaintiff Litigation matter in the past three (3) years? \$ \_\_\_\_\_
- F. Complete a breakdown of the types of Plaintiff cases handled and the largest dollar size of judgments, awards and/or settlements for each in the past twelve (12) months:

Admiralty	_____ %	\$ _____	Legal Malpractice	_____ %	\$ _____
Aviation	_____ %	\$ _____	Medical Malpractice	_____ %	\$ _____
Bodily Injury	_____ %	\$ _____	Personal Injury (non-BI)	_____ %	\$ _____
Commercial/Business	_____ %	\$ _____	Product Liability	_____ %	\$ _____
Construction Defect	_____ %	\$ _____	Property Damage	_____ %	\$ _____
Employment	_____ %	\$ _____	Securities	_____ %	\$ _____
Environmental	_____ %	\$ _____	Workers’ Compensation	_____ %	\$ _____
Insurance Bad Faith	_____ %	\$ _____	Other: _____	_____ %	\$ _____

- G. What is the average number of years’ experience per Lawyer handling Plaintiff Litigation matters? \_\_\_\_\_
- H. What is the percentage of cases in the past three (3) years that:
1. Settled before trial: \_\_\_\_\_ %
  2. Tried to conclusion: \_\_\_\_\_ %
- I. What percentage of cases are referred to the Firm by other law Firms? \_\_\_\_\_ %
- J. What percentage of cases does the Firm refer to other law Firms? \_\_\_\_\_ %
- K. Does the Firm require written referral agreements for all cases that are referred to the Firm? Yes  No
- L. Does the Firm require written referral agreements for all cases that are referred to other law Firms? Yes  No
- M. Does the Firm accept cases within six (6) months of the expiration of the applicable Statute of Limitations? Yes  No

**Plaintiff Class Action and Mass Tort / Toxic Tort**

N/A (Skip to SECTION VI)

N. Complete the following table for any Class Action and/or Mass Tort matters in the past three (3) years:

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"/>		\$	
6.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
7.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
8.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
9.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	
10.			P <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	

If additional space is needed, please use the attached Addendum.

\*Status: LC = Lead Counsel, CLC = Co-Lead Counsel, L = Local Counsel Only, O = Other (please explain)

**SECTION VI – Real Estate**

N/A (Skip to SECTION VII)

**A. Purchase & Sale**

**Residential      Commercial**

- Approximate number of transactions in the past twelve (12) months: \_\_\_\_\_
- Approximate number of transactions in the prior twelve (12) months: \_\_\_\_\_
- What was the largest value Real Estate transaction in the past twelve (12) months: \_\_\_\_\_
- What was the largest value Real Estate transaction in the prior twelve (12) months: \_\_\_\_\_

**B. Title Work**

- Number of Title Opinions issued in the past twelve (12) months: \_\_\_\_\_
- Number of Title Insurance Policies issues in the past twelve (12) months: \_\_\_\_\_
- Number of Title Searches conducted over the past twelve (12) months: \_\_\_\_\_
- Does the Firm use a specific engagement letter when doing Title Opinions or Title Searches specifying the client and scope of services? Yes  No
- Does any Firm member maintain any equity interest in a Title Agency? Yes  No 
  - If YES, please specify the percentage of equity interest: \_\_\_\_\_ %
  - If YES, please provide the name of the Title Agency: \_\_\_\_\_
  - Does the Title Agency have separate Professional Liability Coverage? Yes  No

**C. Foreclosures**

**Residential      Commercial**

- Number of Foreclosures in the past twelve (12) months: \_\_\_\_\_
- Average value of Foreclosed property in the past twelve (12) months: \_\_\_\_\_
- Maximum value of foreclosed property in the past twelve (12) months: \_\_\_\_\_

**D. General**

- When acting in a dual capacity in the same Real Estate transaction, does the Firm always use a disclosure form signed by both parties? Yes  No

- 2. Does the Firm provide services to any clients who form, manage or organize group investments/syndications for the purpose of investing in real property? Yes  No
- 3. Does the Firm provide any financial or valuation analysis of transactions for clients (e.g. tax impact, appraisals)? Yes  No
- 4. Does the Firm's Real Estate practice include securing financing for your clients? Yes  No
- 5. Do non-Lawyer members of the Firm attend closings in lieu of Lawyers? Yes  No
- 6. Does the Firm handle Real Estate Transactions involving Oil & Gas or Mining rights? Yes  No

**If YES to any questions 2 – 6, please provide details on the attached Addendum.**

- 7. Does the Firm utilize Two-Factor Authentication to protect against Escrow Theft? Yes  No
- 8. Does the Firm require the preservation of all directions/requests received from clients? Yes  No
- 9. Does the Firm have documented procedures for addressing environmental issues, ecologically sensitive areas and contaminated / hazardous sites? Yes  No
- 10. Does the Firm advise clients in writing to seek independent professional evaluations of potential environmental exposures? Yes  No

## SECTION VII – Securities

N/A (Skip to SECTION VIII)

- A. Does the Firm conduct "due diligence"? Yes  No
- 1. If yes, does the Firm routinely use checklists in its investigations? Yes  No

- B. Is the Firm aware of any person or entity receiving a subpoena from the SEC or any other federal or state agency in connection with any matter handled by the Firm for any Securities client? Yes  No

- C. Is the Firm aware of any claim or allegation of fraud, negligence or breach of duty asserted against any party in connection with any matter handled by the Firm for any Securities client? Yes  No

- D. Is the Firm aware of any Securities client that has become insolvent or entered into any liquidation or reorganization proceeding in the past three (3) years? Yes  No

**If YES to any questions B – D, please provide details on the attached Addendum.**

- E. Does the Firm require a "cold review" of every offering or disclosure documents by a Lawyer that was not involved in drafting the original document? Yes  No

- F. Please provide the following information for each Securities filing, including those that were withdrawn, unsuccessful, exempt and any anticipated within the next ninety (90) days:

Date of Filing	Issuer	Nature of Client's Business	Offering Type*	Value of Offering	Registered or Exempt?	Opinion Rendered?
1.				\$ _____	R <input type="checkbox"/> E <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.				\$ _____	R <input type="checkbox"/> E <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.				\$ _____	R <input type="checkbox"/> E <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.				\$ _____	R <input type="checkbox"/> E <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.				\$ _____	R <input type="checkbox"/> E <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional space is needed, please use the attached Addendum.

\*Offering Type: PR = Private Placement, IPO = Initial Public Offering, SPO = Secondary Public Offering, B = Private Bond Offering, GBO = Government Bond Offer, LP = Limited Partnership, SYN = Syndication

**SECTION VIII – Trusts & Estates**

N/A (Skip to SECTION IX)

A. Complete the following for the largest T&E clients handles in the past three (3) years:

Client Name	Lawyer	Services Provided	Approximate Estate Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

B. What services does the Firm provide? (check all that apply)

- Preparation of Wills
- Estate Planning
- Probate
- Trust Administration
- Business Formation
- Guardianship
- Tax Opinions
- Asset Protection
- Litigation
- Medicaid Planning
- Other: \_\_\_\_\_

C. Does the Firm or any Firm member have the authority to write checks, provide investment advice or have discretionary control of funds for clients? Yes  No

**If YES, please provide details on the attached Addendum including whether dual signatures are required for all checks.**

D. Does the Firm or any Firm member serve as Executor, Personal Representative, Administrator or Trustee? Yes  No

**If YES, provide a list on the attached Addendum to include: Lawyer, Client Name, Services Provided and Estate Value.**

E. Does the Firm always include a “cold review” by a second Lawyer when drafting all new wills, estates and trusts? Yes  No

**SECTION IX – Outside / Client Interests**

N/A

A. Complete the table for any Client Entity in which the Firm or any Lawyer practicing law with the Firm, currently or within the past three (3) years, holds an Outside/Client Interest, defined as:

1. an Equity interest or option to purchase Equity and/or
2. a position as Director, Officer, Committee Member, Partner, Trustee, Manager, or Employee of any client

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



6.							
7.							
8.							
9.							
10.							

**If additional space is needed, please use the attached Addendum.**

**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:** \_\_\_\_\_



## 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.