IRIS

NEW BUSINESS APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE
Claims Made and Reported Insurance Policy

IMPORTANT NOTICE – This is an application for a Claims-made and Reported insurance policy. This means the Company will not provide coverage or defense for any Claim that is either first made against the Insured or first reported to the Company, before or after the Policy Period and any applicable Extended Reporting Period. To be eligible for coverage, a Claim must be first made against the Insured and first reported to the Company during the Policy Period and any applicable Extended Reporting Period, and also arise from a Wrongful Act that occurred on or after the Retroactive Date shown in the Policy Declarations and before the end of the Policy Period, among other requirements. Additional limitations may apply, please consult your Insurance Advisor or see the policy language for full details.

DEFENSE EXPENSES NOTICE (For New York Insureds Only); If this Policy contains an insuring agreement that includes Claim Expenses within the Limits of Liability, payment of Claim Expenses may reduce the Limits of Liability applicable to Damages by up to 50%. If this Policy includes an insuring agreement that includes a Deductible that applies to Claim Expenses, up to 50% of the Deductible amount may be applied to Claim Expenses.

Firm Profile Section

1. Firm Name:_____
   Date Established: _____ Legal Entity (Sole Practitioner, GP, LLP, LLC, PC/PA, Other): _____
2. Firm Contact:_____ Phone:_____ Email: _____
3. Street Address: _____ City: _____ State: _____
   Zip Code: _____ County: _____ Website: _____
   Additional Info (i.e. different mailing address): _____
   Please include a copy of your Firm's letterhead showing all Office Locations. If you are a Sole Practitioner, please also provide contact info for Back-Up responsible for your practice if you are unable to work in space at end of Application.
4. a. Are there any "Predecessor Firms"[1] to the Applicant Firm? ☐YES ☐NO
   b. If YES to a., is coverage for such firms desired? ☐YES ☐NO
   c. In the past 5 years has there been, or is the firm considering, an acquisition of, or merger with another firm? ☐YES ☐NO
   d. Does any Extended Reporting Period (or "Tail") coverage from prior professional liability insurance policies provide coverage to the Firm, any Firm member, or any "Predecessor Firm[1]"? ☐YES ☐NO
   If YES to any part of Question 4, please describe in space at end of Application.
   [1]**"*Predecessor Firm":*** means a dissolved/inactive law firm that had at least 50% of its assets or lawyers join the Applicant.
5. Please provide the following for each Attorney in the Firm: *(Please add additional Attorneys on Separate Attachment or at end)*

Attorney Name:	**Title[2]** *(see Key)*	**State(s) Licensed**	**Year Admitted**	**Mo/Yr Joined Firm**	**Ave. Hours/ Week**	**Average Hourly Rate**	**CLE Hours**
						$	
						$	
						$	
						$	
						$	

[2]**TITLE KEY: O** = Owner/Officer/Member/Shareholder **S** = Sole Practitioner **CA** = Contract/Per Diem Attorney
A = Associate **OC** = Of Counsel **EA** = Other Employed Attorney **P** = Partner **IC** = Independent Contractor

6. a. Total attorneys who left the firm in past 12 months: _____. b. Total attorneys who joined the firm in past 12 months: ____.
   c. Total # of Non-Attorney Staff? _____.

7. a. Does any Firm member have ownership in a Title Agency? ☐YES ☐NO
   b. If YES, is Title Agency Coverage desired? ☐YES ☐NO
   If YES to a., List name, location, and ownership % in space at end. If YES to b., complete the <u>Title Agency Supplement.</u>

8. Coverage Terms Desired: a. Limits of Liability: Per Claim $_____ Aggregate $_____
   b. Per Claim Deductible: $_____ which applies to (*select one*): ☐ Damages and Claim Expense ☐ Damages Only
   c. Effective Date (mm/dd/yyyy): _____ d. Current or Desired Retroactive Date (mm/dd/yyyy): _____

9. Does any firm member serve as an director or officer, or exercise any direct or indirect control over any enterprise (excluding applicant firm) that is a Firm Client, or have any financial interest in a firm client's business? ☐YES ☐NO
   If YES to Question 9, please give the following information for <u>FIRM CLIENTS ONLY</u> (*(Includes Non-Profit organizations)* ***If applicable, add additional clients in attachments or in space at end of application).***

Name/Type of Business or Enterprise:	**Location (City & State)**	**List All Position(s) held by Firm Members AND Percentage of Ownership or Equity Held**	**Any Firm Member Decision-Making Authority or Control?**
		/_____% Equity	☐YES ☐NO
		/_____% Equity	☐YES ☐NO
		/_____% Equity	☐YES ☐NO

10. a. **<u>ALL FIRMS</u>**: Please complete the chart below.
    b. **<u>1-5 ATTORNEYS FIRMS ONLY</u>:** If more than **<u>5% of Firm Revenues</u>** come from an Area of Practice listed in ***Bold Italics*** below, the relevant portion of AREA OF PRACTICE SUPPLEMENT must also be completed.
    c. **<u>6+ ATTORNEY FIRMS ONLY</u>**: In addition to the chart below, please complete the AOP GRID as well as the relevant portion of the AREA of PRACTICE SUPPLEMENT for each Area of Practice in ***Bold Italics*** listed below that generates ANY Firm Revenues.
    <u>AOPS REQUIRING AOP SUPPLEMENT</u>: ***Bankruptcy/Collections, Banks/Financial Institutions, Bonds/Securities, Copyright/Trademark/Patent, Entertainment, Estates & Trusts, Oil & Gas, Plaintiff, Real Estate, Tax.***

Area of Practice (AOP):	**Estimated Percentage of Firm Revenues**	**Estimated Average Case Size or Transaction Value** *(leave blank if cases lack economic value, i.e., Criminal Law)*	**Estimated Maximum Case Size or Transaction Value** *(leave blank if cases lack economic value, i.e., Criminal Law)*	**Estimated Number of Cases or Matters Handled Per Year**
1.	%	$	$	_____Per Year
2.	%	$	$	_____Per Year
3.	%	$	$	_____Per Year
All Other Areas Of Practice Combined:	%	$	$	_____Per Year
Total: (*Revenues Must Total 100%)*	**100%**			

11. Please complete the following chart based upon the best estimate of Firm Revenues generated by the following Client Types:

Type of Client	**Est. % of Firm Revenues**	**Type of Client**	**Est. % of Firm Revenues**
Individuals-High Net Worth ($1M+ Net Assets)	%	Small Public Companies (Under $100M Revenues)	%
Individuals-All Other	%	Large Public Companies ($100M+ Revenues)	%
Small Private Companies (Under $100M Revenues)	%	Fortune 500 Companies	%
Large Private Companies ($100M+ Revenues)	%	Government or Public Institutions	%
Non-Profit Organizations or Charities	%	Other (Specify): _____	%
Total: (*Revenues must total 100%*)			**100%**

12. Please complete the following chart for any **Firm Client** that generates ***More than 10% of total Firm Revenues***:

Client Name or Description	**Client Industry** *(i.e., Retail, IT, etc.)*	**# Years a Firm Client**	**AOPs/Types of Services Provided**	**Est. % of Firm Revenue**	**Any loans, investments or business relationships with Firm Members?[3]**
				%	☐YES ☐NO
				%	☐YES ☐NO
				%	☐YES ☐NO

[3]*If YES, please describe any financial or business relationships with any of these Clients in space at end.*

13. Please complete the following chart for each year shown:

Financial History	**Ending Date (Month/Year)**	**Gross Firm Revenue**	**Net Firm Income** *(net of expenses/before atty comp.* **)**
Current Fiscal Year Estimate	/	$	$
Prior Fiscal Year Actual	/	$	$

Risk Management Section

14. Do you share any of the following with attorneys who are *not* members of your firm: ☐Office Space ☐ Letterhead ☐ Website ☐ Signage ☐ Administrative Staff Name of Shared Resource Firm:_____

15. a. **1-5 ATTORNEY FIRMS**: Please complete chart below.
b. **6+ ATTORNEY FIRMS**: Please skip the chart below and complete a RISK MANAGEMENT SUPPLEMENT.

RM Policy/Procedure	**In Place for All Matters/ Used Consistently**	**Partially in Place/ Used Sometimes**	**Not in Place/ Never Used**	**Will Implement in 90 Days**
Fully Automated Conflict of Interest Avoidance System that monitors both Clients and Related or Opposing Parties				
Fully Automated Docket Control System, with multiple redundancies and oversight, tracking every stage of engagement, project, transaction or litigation				
Client Intake Procedures require Conflict of Interest clearance, Docket Control entry & review of Client Financials and Bill Paying History prior to opening File				
Engagement Letters, Non-Engagement Letters & Termination Letters				
Conflict of Interest Disclosures/Waivers used for Potential Conflicts of Interests				
Formal Office Policies and Procedures Manual				

c. How many suits for collection of professional fees has your firm initiated in the Past Year? _____ Past 5 years? _____

Claim Section

16. After inquiry of all Firm Members, during the past 5 years, has any professional liability claim been made, or any lawsuit involving professional services been brought against either the Firm or any Predecessor Firm? ☐YES ☐NO

17. Does any firm member have knowledge of any fact, circumstance, act, error, omission or alleged Personal Injury (i.e., defamation, violation of privacy rights, malicious prosecution, etc.) that could reasonably be expected to become the basis of a claim against any current or former attorney in the firm or its predecessors, regardless of its merit? ☐YES ☐NO

18. Has any firm member ever received a disciplinary complaint from a court, administrative agency, or regulatory body or been refused admission to practice, disbarred, suspended from practice, or been formally reprimanded by any court, administrative agency or regulatory body; or is any firm member under an ethics or disciplinary investigation? ☐YES ☐NO

19. Is any firm member currently under criminal investigation or been charged with or been convicted of a felony or serious crime or financial fraud (i.e., excluding traffic offenses and minor misdemeanors)? ☐YES ☐NO

20. Has any Professional Liability Insurer ever made any payments on behalf of the Firm or a Predecessor Firm for a non-Claim matter (i.e., Subpoena Response, Crisis Event, Disciplinary Proceedings, Pre-Claim Expenses)? ☐YES ☐NO
Note: If YES to any Question in this section, please complete a Claim, Potential Claim or Other Matter Supplement.

Insurance History Section

21. Please complete the following Insurance History for the Applicant Firm's immediately preceding past 5 Years*:*

Effective Dates	Insurance Company	Policy Limits	Deductible	Number of Covered Attorneys	Premium
					$
					$
					$
					$
					$

Additional Comments/Supplements to Application Questions: _____
_____
_____
_____
_____
_____
_____
_____

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

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 Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: IN KANSAS, 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 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, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE APPLICANTS: It is a crime to 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 NEW MEXICO 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 TENNESSEE, VIRGINIA & 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 include imprisonment, fines and denial of insurance benefits.
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.

APPLICANT REPRESENTATIONS AND ASSURANCES: The undersigned hereby represents to and assures the Company that the information contained in this application is true and correct as of the date this application is executed and that the Company shall be entitled to rely upon this application as the basis of any insurance policy the Company may issue to the applicant firm. The undersigned acknowledges and agrees that the accuracy of the information contained in this application will be material to the decision by the Company to issue any insurance policy to the applicant firm.

The undersigned further represents to and assures the Company that the applicant firm will report to the Company (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts or circumstances which may give rise to a claim.

RELEASE OF CLAIMS INFORMATION: By executing this application, the undersigned hereby authorizes any prior insurer to release the applicant's claims information to the Company.

DEFENSE OF CLAIMS: In applying for coverage, the undersigned agrees that, in the event of a covered loss, the Company will be required to defend the applicant and that, if the applicant has not purchased first dollar defense cost coverage, the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs and legal fees. If the applicant elects to defend a claim without involving the Company, no coverage for that claim will be afforded the applicant under the policy.

CLAIMS MADE AND REPORTED POLICY: The undersigned understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant must immediately report any claim to the Company while the policy is in force. No coverage exists under the policy for a claim which is first made against the Insured or first reported to the Company before or after the policy period or any applicable extended reporting period. All coverage ceases with the termination of the policy unless the undersigned exercises certain options available in accordance with the terms of the policy.

SCOPE OF COVERAGE: The ***Pinnacle*** Cornerstone Program is intended to provide a basic level of coverage for those sole practitioner attorneys who have low to moderate professional exposures and have either never previously purchased professional liability insurance, or are willing to accept a Prior Acts Exclusion on their initial program policy. It is open to both Full-Time and Part-Time Attorneys. There is no coverage under the policy for Office Sharing liability; Liability for other law firms for whom or with whom you provide Legal Services; Claims arising out of suits over legal fees; or any Claims involving Securities (Federal or State), Mergers & Acquisitions, Intellectual Property, Class Action/Mass Tort, or Medical Malpractice areas of practice; or the

following professional services for High Net Worth ($1M+ Assets) Individuals only-Tax, Divorce, Estates & Trusts, or Business/Money Management. If your firm has these exposures or if you anticipate providing these services in the future, please request a standard New Business Application from your Agent.

FAILURE TO REPORT CLAIMS: The failure to report any claims made against the applicant or any attorney in the applicant's firm under any current or previous insurance policy, or failure to reveal timely facts or circumstances which may give rise to a claim against current or prior insureds, may result in the absence of coverage for any matter which should have been reported or may result in the failure of coverage altogether.

COMMITMENT TO PRIVACY: The Company is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Access to your personal information is restricted solely to those the Company employees or authorized agents who have a business need for such information. the Company believes all of your personal information is confidential. Therefore, it is our policy not to disclose your personal information to any third parties, except as permitted by law, unless you direct us to do so or if we are compelled by law to do so.

This application must be signed by an owner, partner or corporate officer. Signing does not bind the applicant or the Company.

_____ _____
Signature of Owner, Partner or Corporate Officer Date (mm/dd/yyyy)

_____
Print or Type Name/Title

[In States Where Required]
Authorized Representative Signature_____ State Producer License #_____