



## APPLICATION INSTRUCTIONS

The attached is for claims-made lawyers professional liability insurance. Please return the completed application and supplemental questionnaires to:

Lawyers Mutual Insurance Company of Kentucky  
Waterfront Plaza  
323 West Main Street, Suite 600  
Louisville, Kentucky 40202

Telephone 502-568-6100 • KY Wats 1-800-800-6101 • Fax 502-568-6103

### PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY TO AVOID PROCESSING DELAYS.

1. Please answer all questions completely. If you need more space, see “**Additional Information**” section on back of application.
2. The application and all supplemental forms must be signed and dated by a principal of the firm. **Completion of each form is required, if it is applicable. “Time and Docket Control” form is mandatory. Others can be signed and dated if they do not apply.**
3. Please attach copy of your firm’s letterhead (required).
4. Provide supplemental information regarding any “yes” answer to questions 29, 30, 31 or 32.
5. Bear in mind that the information you provide is on behalf of all lawyers in your organization.
6. New business applications will have an effective date no earlier than the date the application is received in our office.

### DEDUCTIBLE OPTIONS

1. **per claim** - The deductible applies to each claim asserted during the policy period.
2. **aggregate deductible** - This caps your deductible for all claims asserted during the policy period. However, the entire aggregate could be applied to the first claim.
3. **combination per-claim and annual aggregate** - Under this option, each claim is subject to its own deductible but the total of all deductibles for the term of the policy will not exceed 2.5 times the per-claim deductible. The per-claim deductible is applied to each claim until the aggregate has been paid.

Thank you for considering Lawyers Mutual Insurance Company of Kentucky for this important coverage.

Should you have any questions concerning the completion of this application, please contact:

**Asa P. “Pete” Gullett or Lois A. Smith**



# Lawyers Mutual Insurance Co. of Kentucky

See  
Supplemental  
Sheets

Waterfront Plaza • 323 West Main Street • Suite 600 • Louisville, Kentucky 40202 • 502-568-6100 • 800-800-6101 (Outside Louisville) • Fax 502-568-6103

## Application for Lawyers Professional Liability Insurance

Present policy expiration date (or effective date desired, **if no prior coverage**): \_\_\_\_\_

Limits and deductibles requested. Please circle your choice. Not all deductibles are available with some limits options.

### Limits Per Claim/Aggregate

\$100,000/\$300,000	\$2,000,000/\$2,000,000
\$250,000/\$750,000	\$3,000,000/\$3,000,000
\$500,000/\$1,000,000	\$4,000,000/\$4,000,000
\$1,000,000/\$1,000,000	\$5,000,000/\$5,000,000

### Deductible

\$1,000	\$10,000
\$2,500	\$15,000
\$5,000	\$20,000
\$7,500	\$25,000

If a larger deductible is desired specify: \_\_\_\_\_

1. Name of Your Firm \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Professional Service Corporation \_\_\_\_\_ Other \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Within City Limits? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_ 4. Year Firm Established \_\_\_\_\_

5. Branch Office Address, if applicable: \_\_\_\_\_

6. Total Number of Lawyers in Firm \_\_\_\_\_ Total Number of Non-Lawyer Employees \_\_\_\_\_

7. Name All Lawyers. Indicate position in firm (Sole Practitioner, Partners, Shareholders, Associates or "Of Counsel").

Name of Lawyer	Position in Firm	Month/Year Admitted	Years in Practice
A. _____			
B. _____			
C. _____			
D. _____			
E. _____			

8. Indicate the percentage of time (in total working hours) for each of the following areas of practice:

Practice Area	%	Practice Area	%	Practice Area	%	Practice Area	%	Practice Area	%
A. Admiralty _____		I. Copyright/Patent/ Trademark _____		P. Domestic Relations _____		X. Money Management _____		DD. Litigation (Non-Criminal) _____	
B. Anti Trust/ Trade Regulations _____		J. Corporation Formation/ Alteration (Excluding Public Offerings _____		Q. Entertainment _____		Y. Municipal Law _____		EE. Litigation (General Civil) _____	
C. Banking _____		K. Oil and Gas _____		R. Syndication _____		Z. State Securities (Including Public Offerings) _____		FF. Environmental Law _____	
D. Bankruptcy _____		L. Public Utilities _____		S. Estate Planning _____		AA. Taxation _____		GG. Other; Please Describe: _____	
E. BI/PI Defendants _____		M. Real Estate _____		T. Estate Probate/ Trust _____		BB. Workers Compensation/ Defendants _____			
F. BI/PI Plaintiffs _____		N. Federal SEC _____		U. International Law _____		CC. Workers Compensation/ Plaintiffs _____			
G. Collection/ Repossession _____		O. Criminal _____		V. Foreign Practice _____					
H. Communications _____				W. Labor Relations _____					

9. Indicate the firm's annual gross billing category for the fiscal year preceding this application's date (please check).

\$0-50,000 \_\_\_\_\_ \$50,000-100,000 \_\_\_\_\_ \$100,000-250,000 \_\_\_\_\_ \$250,000-500,000 \_\_\_\_\_ \$500,000-1,000,000 \_\_\_\_\_ \$1,000,000 or more \_\_\_\_\_

10. Do 10% or more of your working hours come from one client account or a group of related client accounts?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a separate narrative description of the type of services provided and your relationship.

## Firm History

11. List the names of all firms of which the assets and liabilities of the former firm have been acquired by your firm.

Name of Firm

Year Established

Number of Lawyers

12. Has the name of your firm changed within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the name(s) of firms used.

13. How many lawyers listed in Question 7 have received CLE Credit for twenty hours or more in the preceding KBA year? \_\_\_\_\_ (July 1-June 30)  
List those attorneys in **Additional Information** on back of application.

## Management of the Firm

14. If you are a sole practitioner, you must provide the name of the lawyer(s) with whom you have an agreement to be responsible for your practice when you are absent for an extended period of time (eg., vacation, illness, etc.).

15. Does your firm share its office or expenses with any other attorney, law firm or organization? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

A. Does your firm and any such person or organization share the same letterhead? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is there a work-for-space arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_

C. If the other organization is a firm of lawyers, are there any case sharing arrangements? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, indicate the carrier and amount of professional liability insurance carried by such organization and describe any contractual arrangement that would affect the applicant's liability in the event of a claim with respect to such case sharing arrangement.) (List in **Additional Information** on back)

### Firm contact person

16. Does the firm maintain a conflict of interest screening system? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what methods are employed?

Memory \_\_\_\_\_ Index File \_\_\_\_\_ Computer \_\_\_\_\_ Conflict Committee \_\_\_\_\_ New Client Review Meeting \_\_\_\_\_

17. Is any firm member serving as a director, officer, trustee, partner or employee of any client? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, name the attorney, the client and the position served: \_\_\_\_\_

18. Does any attorney have any fiduciary responsibility to or possess any ownership interest in any client?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the client: \_\_\_\_\_

19. Describe any procedures in place to ensure that a lawyer is not overloaded with work.

20. Does the firm use a formal or informal new client screening procedure to review fees, case merit or client attitudes prior to case acceptance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Does the procedure include formal engagement, nonengagement and disengagement letters? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Has any lawyer listed in Question 7 ever entered into any contract or agreement, oral or written, guaranteeing the result of any professional service rendered by him/her or by any person under his/her supervision?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name and explain circumstances.

22. Has any lawyer listed in Question 7 ever been treated for alcohol or substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the name(s) of individuals: \_\_\_\_\_

23. Has any lawyer been convicted or pleaded guilty or no contest to a criminal offense involving moral turpitude or which constitutes a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide name and explain circumstances. \_\_\_\_\_

## Record Control

24. Does your firm use a formal system for record retention and control?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the system used identify how long records should be maintained?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does the file system used separate inactive files from active files?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are inactive files closed and archived on a regular schedule?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are archived files destroyed after a certain number of years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years \_\_\_\_\_

25. Please indicate whether your firm is engaged in any of the following activities by checking "yes" or "no". If yes, please indicate the percent of total working hours devoted to each activity and whether or not separate professional liability insurance is carried for this work.

Type of Activity	Yes	No	Total Working Hours Devoted to each	Professional Insurance Carrier	Expiration Mo/Day/Year
A. Insurance Agent	_____	_____	_____	_____	_____
B. Accountant	_____	_____	_____	_____	_____
C. Real Estate Broker	_____	_____	_____	_____	_____
D. Title Abstractor	_____	_____	_____	_____	_____
E. Title Agent	_____	_____	_____	_____	_____

26. Is any lawyer listed in Question 7 a public official? If so, please name attorney and describe the position. (List in **Additional Information** on back)

\_\_\_\_\_

27. List the lawyers involved in the incidental practice of law (independent of the firm's law practice) for or on behalf of any organization, social agency or teaching institution and average number of hours per week devoted to such activities, with or without compensation.

Name of Lawyer	Name of Organization	Average # of Hours Per Week
_____	_____	_____
_____	_____	_____

28. If any lawyer listed in Question 7 works 30 hours or less, a credit may be available. Please provide the name of the lawyer and the average number of hours per week devoted to law practice.

Name of Lawyer	Weekly Hours	Reason for Part-time
_____	_____	_____
_____	_____	_____

If more than two, list in **Additional Information** on back.

29. Has any lawyer listed in Question 7 or any firm listed in Question 11 had any insurance company cancel, decline or refuse to renew professional liability insurance? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain circumstances.

\_\_\_\_\_  
\_\_\_\_\_

## Claims

30. Within the past six years, has any professional liability claim been asserted or action filed or claim paid against the applicant or attorney listed in Question 7? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, complete supplemental claim form for each such claim or action.

31. Has any lawyer listed in Question 7 ever been reprimanded, censured, disciplined by or refused admission to practice, disbarred or suspended (including voluntary suspension) from practice by any bar association, court, administrative or regulatory agency?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain circumstances.

\_\_\_\_\_  
\_\_\_\_\_

32. Does any lawyer listed in Question 7 know of any present or prior incident, error, act or omission which could result in a professional liability claim against the applicant or any lawyer listed in Question 7 or firm listed in Question 11? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please complete supplemental claim form and attach a copy of the notice that was sent to the insurance carrier involved.

## Previous Insurance

33. List lawyers professional liability insurance carried for each of the past seven years (including firms listed in Question 11.)

If none, state "none."

Insurer Name	Policy Number	Limits of Liability	Deductible (If Any)	Policy Period	Coverage Basis Claims Made/ Occurrence
A. _____					
B. _____					
C. _____					
D. _____					
E. _____					
F. _____					
G. _____					

The undersigned is authorized to sign this application on behalf of all persons to be insured and declares to the best of the knowledge and belief of all persons to be insured, that the information provided in this application, and attachments, is true and no material facts have been misstated or withheld. The information provided in this application shall be the basis of the policy of insurance and deemed incorporated therein.

The applicant understands that any misrepresentation or false statement on this application or attachments may result in loss of coverage under any policy issued by the Lawyers Mutual Insurance Company of Kentucky. Signing this application does not bind the applicant or Lawyers Mutual Insurance Company of Kentucky to issue a policy of insurance.

In accordance with KRS 304.47-030, we must give you the following notice in your application for insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### Additional Information (Note Question # and Give Information)

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Name of Firm \_\_\_\_\_ Date Signed \_\_\_\_\_

by \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Print Name and Title

### Important Reminder

**Report any claims against you or incidents that might result in a claim against you to your present insurance company before its policy expires. Failure to do so may result in a loss of coverage.**

**Claim Report Form**  
**Supplemental Application Form**  
**Lawyers Mutual Insurance Co.**  
**of Kentucky**

**If this form does not apply,  
check the box below,  
sign and date.**

Application Instructions - Please type or print.

1. **Complete one form for each claim or incident.**
2. If space is insufficient to answer any question fully, attach separate sheet.
3. Answer all questions **completely.**

**Claim Information**

1. Full Name of Applicant \_\_\_\_\_ Policy Number \_\_\_\_\_
2. Full name of Individual(s) of firm involved in the claim \_\_\_\_\_
3. Full Name of Claimant \_\_\_\_\_
4. Indicate whether: Claim/Suit \_\_\_\_\_ Incident \_\_\_\_\_
5. Date of Alleged Error (mo-day-yr) \_\_\_\_\_
6. Date of Claim (mo-day-yr) \_\_\_\_\_
7. Additional Defendants \_\_\_\_\_
8. **If Closed** Total Loss Paid Including Deductible \$ \_\_\_\_\_  
Indicate whether: Court judgment \_\_\_\_\_ Out of court settlement \_\_\_\_\_
9. **If Pending** Claimant's Settlement Demand \$ \_\_\_\_\_ Defendant's Offer for Settlement \$ \_\_\_\_\_  
Insurer's Loss Reserve \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
Is claim in suit? Yes \_\_\_\_\_ Amount asked in summons \$ \_\_\_\_\_ No \_\_\_\_\_
10. Description of claim (provide enough information to allow evaluation)
  - A. Alleged act, error or omission upon which Claimant bases claim  
\_\_\_\_\_  
\_\_\_\_\_
  - B. Description of case and event  
\_\_\_\_\_  
\_\_\_\_\_
  - C. Description of the type and extent of injury or damage allegedly sustained  
\_\_\_\_\_  
\_\_\_\_\_
11. Provide name of insurance company to which this claim was reported and the date reported:  
\_\_\_\_\_  
\_\_\_\_\_

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**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

In accordance with KRS 304.47-030, we must give you the following notice on claim forms.

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.

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

by \_\_\_\_\_

Authorized Signature

**FORM IS NOT APPLICABLE**

**Time/Docket Control System  
Supplemental Application Form**

**Completion of this form  
is mandatory**

**Lawyers Mutual Insurance Co.  
of Kentucky**

**THIS SUPPLEMENTAL APPLICATION HAS BEEN DEVELOPED TO GIVE THE COMPANY A MORE DETAILED DESCRIPTION OF YOUR TIME/DOCKET CONTROL SYSTEM.**

**NAME OF LAW FIRM:** \_\_\_\_\_

Please answer all questions by checking "yes" or "no" as appropriate.

	<b>Yes</b>	<b>No</b>
1. Do you have a written policy for the operation of your time/docket control systems? .....	_____	_____
2. Does each attorney in your firm understand and use the time/docket control system? .....	_____	_____
3. Is your time/docket control system:		
A. A calendar type?.....	_____	_____
B. A diary type? .....	_____	_____
C. Tickler system which uses notice slips? .....	_____	_____
D. Operated on a computer?.....	_____	_____
4. Does your time/docket control system provide that all dates be entered immediately? .....	_____	_____
5. Does your time/docket control system note statutes of limitations and procedural deadlines? .....	_____	_____
6. Do you enter all appointments on your time/docket control system, to include other personal and professional commitments? .....	_____	_____
7. Does your time/docket control system have a procedure for verification of the completion of docketed events? .....	_____	_____
8. Are your time/docket control system records maintained in a central location in your office?.....	_____	_____
9. Does your time/docket control system use more than one independent control (e.g., attorney and secretary each maintain a calendar of the attorney's commitments)? .....	_____	_____
10. Does one person in your firm have primary responsibility for the operation of your time/docket control system? .....	_____	_____
11. Is there a person with secondary responsibility who can maintain and explain your time/docket control system if the primary person is absent for an extended period of time? .....	_____	_____

If any question is not applicable, please provide an explanation. \_\_\_\_\_

**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature

**Securities & Exchange Commission  
Supplemental Application Form**

Lawyers Mutual Insurance Co.  
of Kentucky

**If this form does not apply,  
check the box on the opposite side,  
sign and date.**

**1. NAME OF LAW FIRM:** \_\_\_\_\_

**2. INDICATE WHETHER YOU HAVE ACTED IN ANY OF THE CAPACITIES ENUMERATED BELOW IN THE PAST TWO YEARS AND THE ESTIMATED "ALLOCATION" OF TIME DURING THE MOST RECENT CALENDAR YEAR, FISCAL YEAR OR 12 MONTH PERIOD:**

<b>CAPACITY</b>	<b>ALLOCATION</b>
3. Bond Counsel .....	_____ %
4. Private Placement .....	_____ %
A. as counsel for underwriters .....	_____ %
B. as counsel for issuer.....	_____ %
C. as counsel for security holder(s) .....	_____ %
5. Public Offerings of Securities .....	_____ %
A. Securities registered under the Securities Act of 1933 .....	_____ %
(1) as counsel for underwriters .....	_____ %
(2) as counsel for issuer .....	_____ %
(3) as counsel for security holder(s) .....	_____ %
B. Offerings exempt from registration under the Securities Act of 1933 .....	_____ %
(1) as counsel for underwriters .....	_____ %
(2) as counsel for issuer .....	_____ %
(3) as counsel for security holder(s) .....	_____ %
6. Representing clients as to compliance with proxy requirements (other than in mergers) and reporting requirements under Securities Exchange Act of 1934 .....	_____ %
7. Takeovers and other acquisitions of publicly held companies (including roles as special local counsel) .....	_____ %
A. where client was bidder or acquiring company in contested acquisition .....	_____ %
B. where client was bidder or acquiring company in friendly acquisition .....	_____ %
C. where client was target company in contested acquisition .....	_____ %
D. where client was target company in friendly acquisition .....	_____ %
8. Securities (judicial or administrative) .....	_____ %
9. Other (please describe) .....	_____ %
_____	
_____	
_____	
<b>TOTAL</b> .....	_____ %

10. What steps does the Applicant take to satisfy "due diligence" requirements under Federal and State Securities acts?

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11. Has the Applicant (including any predecessor firms), or any present partner of the Applicant (or any of its predecessor firms) been subject to any disciplinary proceeding before the SEC or State Securities authorities within the past ten years? If yes, please give full particulars.

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12. Is the Applicant representing any client in any litigation in which the issues involve any Federal or State Securities work handled by the Applicant (including the adequacy of registration statements, official statements, proxy statements or tender offer documents)? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do any partners of the Applicant serve as directors or officers of corporations that are clients of the Applicant and which have publicly held securities outstanding? If yes, please list below.

Name of Lawyer	Corporation	Position Held
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**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature

**FORM IS NOT APPLICABLE**

**Real Estate & Financial Institutions  
Supplemental Application Form**  
Lawyers Mutual Insurance Co.  
of Kentucky

If this form does not apply,  
check the box below.

If you do no Real Estate work, check here and sign: Not applicable  \_\_\_\_\_

NAME OF LAW FIRM: \_\_\_\_\_

**REAL ESTATE**

1. What percent of your real estate practice is devoted to:
- A. Residential (1-4 family units) \_\_\_\_\_ %
  - B. Commercial \_\_\_\_\_ %

2. What percent of your real estate practice is devoted to:
- A. Title work/Closings \_\_\_\_\_ %
  - B. Landlord/Tenant \_\_\_\_\_ %
  - C. Limited Partnerships/Syndications \_\_\_\_\_ %
  - D. Condominium formation/conversions \_\_\_\_\_ %
  - E. All other \_\_\_\_\_ %

3. What is the approximate number of closings and title work assignments performed annually? \_\_\_\_\_

	<b>Average Property Value</b>	<b>Range in Value Low</b>	<b>High</b>	<b>Number</b>
A. Residential	_____	_____	_____	_____
B. Commercial	_____	_____	_____	_____

4. When your firm is conducting or attending a closing and is holding the closing funds for disbursement, who prepares and/or signs the checks for disbursement?

- A. Attorney \_\_\_\_\_
- B. Employee \_\_\_\_\_
- C. Paralegal \_\_\_\_\_
- D. Other \_\_\_\_\_

5. When your firm is conducting a closing and is responsible for completing the HUD forms and/or disbursing the funds, who signs the HUD forms and disburses the checks for the expenses such as fees, taxes, mortgages, liens, etc. required by HUD to be paid?

- A. Attorney \_\_\_\_\_
- B. Employee \_\_\_\_\_
- C. Paralegal \_\_\_\_\_
- D. Creditor \_\_\_\_\_
- E. Other \_\_\_\_\_

6. In 4 and 5, does your firm ever delegate to anyone not an employee or member of the firm responsibility for preparing the checks, disbursing them, and/or signing the HUD forms? If yes, please describe the circumstances and who is allowed to do so.

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7. When your firm examines title to real estate is the actual examination done by lawyers only, lawyers and other employees, or other employees only? Please describe the training and experience of all non-lawyer employees doing title examinations for your firm.

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8. Does the firm farm out titles to non-lawyer entities such as title examiners, freelance paralegals, or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,

A. Please identify the persons or entities utilized and the approximate number of titles given each entity on an annual basis.

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B. Do you obtain and update proof that these entities have and maintain errors and omissions insurance in case they make a mistake?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does your real estate practice include limited partnership formation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the number formed annually: \_\_\_\_\_

10. Does your real estate practice include syndications?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the number formed annually: \_\_\_\_\_

11. Does your real estate practice include the providing of opinions for limited partnership formation or syndication?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the number of opinions provided annually: \_\_\_\_\_

**FINANCIAL INSTITUTIONS**

12. Identify all financial institutions any lawyer has represented in the past five years and the type of work performed for each:

**Name of Institution**

**Type of Work Performed**

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13. If you do foreclosures, do you or another attorney in your firm attend the foreclosure sale, or do you assign this task to local counsel if out of your immediate area?

Attend all sales \_\_\_\_\_ Obtain local attendance \_\_\_\_\_

14. If other counsel is obtained, do you obtain proof of their malpractice coverage to protect you if they miss the sale or fail to properly carry out instructions?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

15. During the past five years has any lawyer represented any financial institution which has become insolvent?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the financial institution(s):

Name of Lawyer	Financial Institution	Position Held

16. Is any lawyer a director or officer in any financial institution or does any lawyer own, personally or beneficially, five percent or more of the stock in any financial institution?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the financial institution, the lawyer involved and position held as applicable.

Name of Lawyer	Financial Institution	Position Held

17. Does any lawyer serve on a loan committee of a financial institution or act as general counsel for a financial institution?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the lawyer and the financial institution.

Name of Lawyer	Financial Institution

18. If the answer to Question 17 is yes, does any lawyer as a member of such loan committee or as general counsel provide advice or opinion with respect to legal lending limits or the quality of collateral? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Does any lawyer represent both the borrower and the financial institution simultaneously with respect to any real estate loans?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what steps are taken to avoid a conflict of interest?

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**I understand that the information submitted herein becomes a part of the Application for Lawyers Professional Liability Insurance and is subject to the same representations and conditions.**

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_

by \_\_\_\_\_  
Authorized Signature