

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE VALUE PLAN - NEW BUSINESS

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD, NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

ABOUT THE FIRM

	Name:						
	Street Address:						
	City:	County:	State:	Zip:			
	Telephone:	Fax:					
	Email Address:		Web site Address:				
ELIGIE	BILITY						
1.	All members of the firm are	licensed attorneys.		☐ True	☐ False		
2.	The firm's professional state	☐ True	☐ False				
3.	The firm's gross annual rev	☐ True	☐ False				
4.	The firm does not practic Securities; Intellectual Prop Class Action; Mass Tort	☐ True	☐ False				
5.	The firm does not practice	☐True	☐ False				
6.	The firm does not desire co	☐ True	☐ False				
7.	No individual to be insured has ever been non-renewed, cancelled or declined professional liability coverage				☐ False		
<u>Du</u>	ring the past 5 years:						
8.	The firm has been claims-f	ree.		☐ True	☐ False		
9.	No member of the firm has	been suspended or been the	subject of any disciplinary action.	☐ True	☐ False		
10.	O. No member of the firm has been or is aware of any act or omission that may reasonably be expected to be the basis of a claim against them, the firm, any predecessor firm, or against any current or former attorney of the firm while they were affiliated with the firm.				☐ False		

CNA Lawyers Professional Liability Value Plan. Complete the information on Page 2, sign, currently date and return the application and any requested information.

If your firm has responded "True" to all statements in the "Eligibility" section above, your firm may qualify for the

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FIRM PRACTICE INFORMATION

LIVI I	THACTICE IN CHIMATIC	<u> </u>								
11.	. Date Firm Established:							_//_		
12.	-							//		
14.										
15.	. Attorney Information:									
	Attorney Name	Attorney Desig.	States Licensed to Practice Law	# of Years in Practice	# of Years with this Firm	# of Years Continuous Malpractice Coverage	Prior Acts Date	CNA Risk Mgmt Seminar Date	Bar Member? Yes / No	
	Attorney Designations:									
A	A = Associate/Employee D = Owner/Officer/Director/Par	tner/Sharehold	er/Sole Practition		= Independ C = Of Counse	ent Contractor				
	NOTE: IC and OC attorn	eys may be r	equired to comp	olete a supple	mental applic	cation.				
16.	Do any of the Lawyers na law firm? If "Yes", provide name of	Lawyer, entit	y employed by a	and weekly ho	•			☐ Yes	□ No	
	Lawyer:			Entity:						
	Role:		Hours	per Week:						
17.	. Does the firm currently ca	ırry Lawyers	orofessional liab	oility insurance	e?			☐ Yes	□ No	
	If "yes" provide the follow	ing:								
	a. Name of insuran	ce carrier:								
	b. Policy expiration	date:								
	c. Prior Acts Date /	Retroactive	Date:/	/						
	or you may provide a cop	y of the firm's	current Declar	ations page.						
18.	3. Submit a copy of your letterhead							☐ Attached		
19.	. a. Does the firm regular Please attach a sam			-	e of formal e	ngagement let	tters?	☐ Yes	□ No	
	 b. Does the engagement Identity of the CI Scope of Repressive Fee structures at Termination agree 	ient? sentation that nd billing agr	includes key te eements?	rms of legal re				☐ Yes ☐ Yes	□ No □ No □ No □ No	
	c. Does the firm ensure work begins on a new		ersigned engag	ement letter is	received fro	m the client be	efore	☐ Yes	□ No	

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If "no", to a., b. or c, please explain via attachment



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<u>C</u>

COVERAGE SELECTION	
Limits of Liability (per claim/aggregate): \$\begin{align*} \\$100,000/\\$300,000 \\ \$\begin{align*} \\$250,000/\\$250,000 \\ \$500,000/\\$500,000 \\ \$1,000,000/\\$1,000,000 \\ Note: Limits of liability include defense costs and clain	Deductible (per claim): \$0 \$1,000 \$5,000 m expenses.
SIGNATURE AND REPRESENTATION	
required hereby, is true, accurate and complete and the acknowledges a continuing obligation to report to the information, after signing the application and prior to is:	mation contained herein and in any supplemental applications or forms hat no material facts have been suppressed or misstated. Applicant Company as soon as practicable any material changes in all such suance of the policy, and acknowledges that the Company shall have tions and/or authorization or agreement to bind the insurance based
Further, Applicant understands and acknowledges that:	
 applications, and any other statements furnished hereby incorporated by reference into this application. This application will be the basis of the contract an and. Applicant's failure to return to its current insurance act, omission or circumstance which Applicant is current policy may create a lack of coverage. 	ed upon, as representations: this application, and any supplemental to the Company in conjunction with this application, all of which are on and made a part hereof. In will be incorporated by reference into and made part of such policy; company any claim made against it during the current policy term, or aware of which may give rise to a claim before the expiration of the ation to the Company from any current or prior insurer of the Applicant.
FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR ST	TATE
statement of claim containing any materially false information, of fact material thereto, commits a fraudulent insurance act, which is New York residents only: and shall also be subject to a civil peclaim for each such violation.) (For Pennsylvania Residents only insurer files an application or claim containing any false, incompared to the containing and the containing an	arance company or other person files an application for insurance or or conceals for the purpose of misleading, information concerning any is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for enalty not to exceed five thousand dollars and the stated value of the y: Any person who knowingly and with intent to injure or defraud any inplete or misleading information shall, upon conviction, be subject to f up to \$15,000.) (For Tennessee Residents only: Penalties include
Applicant:	
By SIGNATURE OF OFFICER OR PARTNER OF THE	PRINT NAME OF OFFICER OR PARTNER DATE

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