

Inception	Expiration	Insurance Co.	Number	Liability	(If any)
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____
From _____	To _____	_____	_____	_____	_____

- c. After inquiry of each employed lawyer, has any lawyer ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? Yes No. If Yes, please provide the names of the lawyers and brief explanation. _____
- d. After inquiry of each employed lawyer, has any lawyer ever been the subject of reprimand or disciplinary action or refused admission to the bar association, court or administrative agency as a result of professional activities? Yes No. If Yes, please provide the name of the lawyer and brief explanation. _____
- e. After inquiry of each employed lawyer, has any professional liability claim or suit ever been made against any lawyer? Yes No. If Yes, please give full details on a Supplemental Claim Information Form.
- f. After inquiry, does the Employer or employed lawyer know of any circumstance, act, error or omission that could result in a professional liability claim against any employed lawyer? Yes No. If yes, please give full details on a Supplemental Claim Information form.

4. ADDITIONAL INFORMATION

Please attach the following:

- Any secondary locations of Employer.
- Most recent 10k report and brochure of services provided.
- Completed attached Supplement for EACH ATTORNEY.
- If Employer is Insurance Company/Agency, completed Insurance Company Supplement.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

EMPLOYED COUNSEL SUPPLEMENT

I	II	III	IV	V	VI	VII
EMPLOYED LAWYERS	YEAR ADMITTED TO BAR	MEMBER IN GOOD STANDING OF THE FOLLOWING BAR ASSOC.	PERCENTAGE OF TIME PRACTICING OUTSIDE OF EMPLOYMENT	AREAS OF PRACTICE	GREATER THAN 25% OF TIME IN PRIVATE PRACTICE IN ANY ONE OF THE LAST FOUR YEARS: YES NO	IS A BUY OUT PROVISION OR OTHER INSURANCE CURRENTLY IN EFFECT TO PROVIDE COLUMN VI: YES NO
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					[] []	[] []
					[] []	[] []
					[] []	[] []
					[] []	[] []
					[] []	[] []
					[] []	[] []
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					[] []	[] []

I/WE understand information submitted herein becomes a part of my/our Professional Liability application and is subject to the same declaration and conditions. I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that I/We have not suppressed or misstated any material facts and I/We agree that this Application shall be the basis of the contract issued and deemed a part thereof.

Signature of Applicant _____ Date _____

(Agent of the Employer on behalf of all persons proposed for this insurance.)

INSURANCE COMPANY SUPPLEMENT

Complete if Employer is an Insurance Company or Agency.

- 1) State number of attorneys whose activities are not restricted to the following activities: claims handling and adjusting, safety inspections, loss control, safety engineering services, premium financing operations, insurance consulting, actuarial consulting, risk management, pool management, personal injury rehabilitation operations, data processing services, salvage operations, agents and brokers operations, pension consulting or underwriting.

Number of employed attorneys:

See endorsement provisions regarding these activities.

- 2) In reference to Question 1, please describe activities performed by these attorneys:

- 3) Name of Insurance Company/Agency Errors and Omissions Liability Coverage:

Carrier: _____

Expiration: _____

Limits Carried: _____ per claim _____ aggregate _____ deductible

Loss Experience: _____

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Signature of Applicant _____ Date _____

(Agent of the Employer on behalf of all persons proposed for this insurance.)

SECURITIES SUPPLEMENT

a. List securities offering and private placements handled in the past two years:

Year	Name of Insurer	Type of Business	Underwriter	Accountant	Dollar Size of Offering

b. Do you handle speculative stocks? [] Yes [] No

c. Do attorneys of the legal department of the corporation issue legal opinions with respect to registration statements filed with any securities commission? [] Yes [] No

d. Are these statements normally approved by outside counsel? [] Yes [] No

e. Describe any other professional services, including investment counselor services, you render that make you liable for claims under the Securities Acts of 1933 and 1934 and the extent to which you render such services:

f. Has any employed lawyer ever been an SEC staff member? [] Yes [] No
If yes, give the name of the lawyer and the period so employed:

g. Has any employed lawyer ever practiced before the SEC? [] Yes [] No
If yes, give the name of the lawyer and the details of the practice.

h. Has any employed lawyer ever been cautioned by the SEC or disqualified from appearing or practicing before the SEC? If yes, please give details: [] Yes [] No

i. Describe in narrative form what steps are taken by the Employer to satisfy the "due diligence" requirement under Section 11 of the Securities Act of 1933?

I/WE understand information submitted herein becomes a part of my/our Professional Liability application and is subject to the same declaration and conditions. I/WE HEREBY DECLARE that the above statements and particulars are true to the best of our knowledge, and that I/We have not suppressed or misstated any material facts and I/We agree that this Application shall be the basis of the contract issued and deemed a part thereof.

Signature of Applicant _____ Date _____

(Agent of the Employer on behalf of all persons proposed for this insurance.)

**DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
AND ELECTION FORM**

RE:

Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act* ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.



PO Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.baileyrisks.com

Please include the following items to help us obtain a quote:

- ❖ An Insured's statement of services provided to clients, for which they desire coverage, on their letterhead.
- ❖ Any brochures the insured uses in their business.
- ❖ A copy of the standard contract the insured uses with clients if any.
- ❖ Résumés of the principals.
- ❖ Three (3) years of currently valued loss runs (if applicable).
- ❖ Web site address (if applicable).
- ❖ Revenue or projected revenue .
- ❖ Dec page of current policy and retro date.