

LAWYERS PROFESSIONAL LIABILITY INSURANCE
Issued to The
NATIONAL DISTRICT ATTORNEYS ASSOCIATION
And
SPECIFIED MEMBER ORGANIZATIONS
 (This policy does not cover Private Law Practice)
 THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

1. Name of Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Area Code/Phone No _____ Area Code/Fax No. _____
 Date of Formation _____ Email Address _____
 Mailing Address: _____

2. List Branch Offices and Addresses, if any.
 1. _____
 2. _____
 3. _____

3. Total number of cases and/or files handled or processed annually. _____
 (An estimate may be used if accurate count is not available.)

COLUMN ONE	COLUMN TWO	COLUMN THREE
List names of all lawyers (full or part-time) providing professional services on behalf of the Organization:	*List names of all practicing Law Students, Legal Interns and Paralegals providing professional services on behalf of the Organization:	List names of all Investigators providing professional services on behalf of the Organization:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other paid personnel employed by the Prosecuting Attorney's office such as secretaries, file clerks and receptionists are covered according to the conditions of this policy.

5. Has any claim, suit, charge, investigation or proceeding ever been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization which alleges any of the following types of conduct? (Please check appropriate box.)

- (a) Negligent acts or omissions in the course of rendering professional services as a Lawyer or Notary Public? Yes No
- (b) Attorney misconduct or breach of professional ethics? Yes No
- (c) False arrest, detention or imprisonment or malicious prosecution? Yes No
- (d) Publication or utterance of a libel or slander or of other defamatory or disparaging material or publication or utterance in violation of an individual's right of privacy? Yes No
- (e) Wrongful entry or eviction, or other invasion of the right of private occupancy. Yes No
- (f) Conduct for which the claimant seeks an award of punitive or exemplary damages? Yes No
- (g) Violation of a federal, state, municipal or local criminal statute or law? Yes No
- (h) Conduct which may give rise to a contempt proceeding? Yes No
- (i) Any conduct in connection with the employment, hiring, failure to hire, discharge or termination of the employment of an employee, former employee or applicant for employment? Yes No
- (j) Conduct which has resulted in an injunction or functionally similar order, including but not limited to a restraining order, a writ of mandamus, a writ of prohibition or an order to compel prosecution? Yes No

If any of the above items are answered Yes, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all other pertinent details (use a separate sheet, if necessary).

6. Does the Organization or any person specified in response to Question 4 know of any circumstance, act, error, omission or injury that could result in a claim, suit, charge, investigation or proceeding against the Organization or any Lawyer or other person providing professional services on behalf of the Organization based on any of the types of conduct described in Question 5 above? Yes No

If Yes, please provide the name of the Lawyer or other person involved and all other pertinent details (use a separate sheet, if necessary).

IMPORTANT

In the event that a claim or claims against the Organization or the Lawyers named in this application have been reported to Underwriters or disclosed in this application, Underwriters reserve the right to individually rate insurance for the above applicant based upon the applicant's experience.

It is understood that the policy applied for will issue on the 1st day of the month following receipt of the premium and the acceptance of the application by the insurer. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, that the above statements are true and that I/we have not suppressed or misstated any material facts and that this Proposal Form shall be the basis of the contract with the Underwriters at Lloyd's, London.

Date	Signature	Title
1. Answer all questions 2. Sign and date application. 3. Send completed application to: Incomplete applications will delay processing.	NDAA Insurance Services c/o Complete Equity Markets, Inc. In California dba Complete Equity Markets Insurance Agency, Inc. 1190 Flex Court Lake Zurich, Illinois 60047-1578	