

PROFESSIONAL LIABILITY INSURANCE
Application for "Claims Made" Policy

Applicant's Instructions:

ANSWER ALL QUESTIONS. If the answer to any question is None or Not Applicable, Please state "NO". If space is insufficient to answer any questions fully, attach a separate sheet. Application must be SIGNED and DATED by owner, partner or officer.

Note: *All information disclosed on this application, together with any supplementary information regarding the applicant is considered to be privileged information, and will be held in strict confidence with the exception that it must be made available to Underwriters. It will not be released unless your written consent is given.*

(PLEASE PRINT OR TYPE)

1. Full Name of Assured (Mr. Ms. Dr.): _____

Physical Address: _____

City _____ State _____ Zip _____

Area Code/Phone _____ Fax# _____ E-Mail _____

Mailing Address _____

2. Type of Business: Corporation Partnership Individual

Date Business Established: _____ Bus. Telephone Number: (_____) _____

3. Has the type of business changed in the last 5 years? Yes No

4. Has the name of Firm been changed during the past five years? Yes No
If so, please give full particulars (use a separate sheet if necessary):

5. List the names of all predecessor firms of applicant.

6. List the names of all Partners, Directors, Owners, age, law school graduated from, date of admission to the Bar, and specialty. Use a separate sheet if necessary.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. List the names of all employed lawyers not listed above, their age, law school graduated from, date of admission to the Bar, and specialty. Use a separate sheet if necessary.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. List the names of all other attorneys, including of counsel, providing professional services on behalf of the applicant.

9. Total Number of Attorneys: _____

10. State the number of: (Individual coverage is not provided for persons listed herein)

(a) Law Clerks	_____	(d) Accountants	_____
(b) Investigators	_____	(e) Abstractors	_____
(c) Secretarial & Office Help	_____	(f) Paralegal personnel	_____

11. If Applicant is sole practitioner, state:

(a) Whether you are engaged in independent private practice Yes No

(b) Does the applicant provide professional services as an attorney on behalf of any other attorney or firm? If so, please provide the name of that attorney or firm.

(c) Please provide the name of a specific attorney or firm who will be responsible for your affairs should you be absent for an extended period of time (i.e. business trip, vacation, illness, etc.) **This question must be answered if you are a sole practitioner.**

12. Does any lawyer named in Questions 6, 7 & 8 have any other law partner, associate, or employed lawyer other than those in Questions 6, 7 & 8?

Yes No

If so, please provide full details:

13. Does any lawyer named in Questions 6, 7 & 8 share office space with any lawyer NOT NAMED in Questions 6, 7 & 8?

Yes No

If so, please provide full details:

14. Describe your practice by first showing approximate amount of time devoted to the following:

(a) Total Immigration _____%

(b) Total Other _____%

(c) Total Areas of Practice (a+b) = _____ 100 %

Describe "OTHER" below by showing percentages of time devoted to the following: (Your answer should equal the percentage shown above in 14. b)

Admiralty/Maritime	_____%	**Estate Planning	_____%	Plaintiffs Litigation BI/PI	_____%
*Adoption	_____%	**Estate/Probate/Trust	_____%	Public Utilities	_____%
Banking	_____%	General Commercial	_____%	Real Estate (Commercial)	_____%
Collection/Repossession	_____%	General Corporation	_____%	Real Estate (Residential)	_____%
Communication (FCC)	_____%	International Law	_____%	S.E.C. Law and/or Regulations	_____%
Criminal Defense	_____%	Oil and Gas	_____%	**Taxation	_____%
Defendants Litigation Civil	_____%	Patents, Copyrights, TM	_____%		
Domestic Relations	_____%	Plaintiffs Litigation	_____%		

Other (please specify and describe fully): _____%

*If adoption matters are dealt with, please give full details on a separate page.

** If your type of work includes Estate Planning, Estate/Probate/Trust, or Taxation, then please complete the Supplemental Tax Questionnaire.

15. Give details of legal work performed in a fiduciary capacity by the firm or any individual lawyer during the past three years:

16. Is the applicant currently insured under a Claims Made professional liability policy? Yes No

17. How long has the applicant maintained continuous claims made insurance coverage? _____

18. Please give full particulars of all similar insurances carried during the past five years:

Insurer	Premium	Limits of Liability	Deductible	Period	Claims Made or Occurrence Form

19. Has any professional liability insurance for the applicant, present Partner or predecessors or any lawyer in the firm ever been declined or cancelled, refused to be renewed? Yes No

If so, please give full details:

20. After inquiry of each lawyer in the firm, has any lawyer in the firm ever been reprimanded by, or refused admission to practice, disbarred, or suspended from practice before any court or administrative agency or been subject to disciplinary actions? Yes No

If so, please provide full details:

21. After inquiry of each lawyer in the firm, have any claims or suits ever been made against any lawyer in the firm, or their predecessors in business? Yes No

If so, please provide full details:

22. After inquiry of each lawyer in the firm, does any lawyer in the firm know of any circumstances, act, error, omission or personal injury that could result in any claim being made against him/her or, their (his/her) predecessors in business or any of the present or past partners? Yes No

If so, please provide full details:

23. DOCKET CONTROL - (Calendars, Tickler Systems, etc.) On a separate sheet, please provide details of system, including explanation of date controls used in your office and who has responsibility for entry of items assigned.

24. Applicants approximate gross billable dollars for the past 12 months are:

- Under \$50,000 \$50,000 to \$100,000 \$100,000 to \$150,000
 \$150,000 to \$250,000 \$250,000 to \$500,000 \$500,000 to \$1,000,000 \$1,000,000 & over

25. Does Applicant's practice also involve acting in the capacity of any of the following? Yes No

If so, indicate the percent of practice devoted to each and whether separate professional liability insurance is carried for this work:

- (a) Insurance agent or broker _____
(b) Accountant _____
(c) Real Estate agent or broker _____
(d) Title abstractor _____
(e) Title agent _____

26. Is/Was the applicant or any Partner or Lawyer of the Firm a salaried employee, partner, officer, director or owner of any organization other than the Firm? Yes No

(If so, please provide details including any interests held on a separate page)

27. Does (or did) the Applicant or any lawyer named in answer to Questions 6, 7 and 8 of the application ever provide legal services on behalf of clients with respect to Investment visas? Yes No

If so, please list and provide brief details of the legal services provided for each, with date(s).

An Investment Visa is defined as: "A visa for alien entrepreneur which involves the investment of the alien's money in a business or business entity, including but not limited to a corporation, partnership, joint venture or sole proprietorship pursuant to Section 203(b)(5) of the Immigration and Naturalization Act, also codified at 8 U.S.C. 1153(b)(5), or which involves the investment of the alien's money in any other visa program which involves creation of employment in the United States."

28. Please provide the following information: INSURANCE REQUESTED

- (a) Limits of Liability requested \$ _____
(b) Deductible requested \$ _____
(c) Retroactive Date of Current Policy:* _____
(d) Proposed effective date for this insurance: _____
(e) Enclose a sample of your retainer/agreement letter and letterhead

*** Retroactive Date:** You may request the same Retroactive Date that is on your present policy if you have had continuous "claims made" coverage since that date. If you are not currently insured by a "claims made" Lawyers Professional Liability Insurance Policy, then your Retroactive Date will be at Inception, which means no coverage will be afforded for any acts, errors or omissions committed, in whole or in part, prior to the Inception Date of any policy issued by Underwriters.

NOTICE TO APPLICANT:

WARRANT: I/We warrant 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 Underwriters evidence their acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Underwriters. All information disclosed on this application, together with any supplementary information obtained regarding the applicant remains the exclusive property of CEM.

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, he will be required to be defended by the Underwriters' appointed lawyers, and that the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs, and legal fees. If the applicant elects to handle a claim without in any way involving the Underwriter, then no coverage for such claim is afforded the applicant under the policy.

I understand and accept that the policy applied for provides coverage on a **CLAIMS FIRST MADE** basis for **ONLY THOSE CLAIMS FIRST MADE AGAINST THE ASSURED WHILE THE POLICY IS IN FORCE** and that coverage ceases with the termination of policy unless I exercise options available and in accordance with terms of the policy.

Signature of Applicant ** _____
Title _____
Date _____

**** SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE. Application MUST be SIGNED to be considered for quotation.**

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the applicant or a partner of the Firm. One signed copy will be attached to and form part of the Policy or Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Firm or the Underwriters to complete the insurance.

Return completed application and additional materials requested to:

Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, IL 60047
Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444