

INSTRUCTIONS

LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Answer ALL questions and submit copies of all information where requested. Incomplete applications will result in a delay in obtaining a quotation. NO MEMBERSHIP DUES ARE REQUIRED.
2. **A COPY OF THE CURRENT CLIENT ELIGIBILITY GUIDELINES MUST BE SUBMITTED WITH THE APPLICATION.**
3. In responding to Question #12, list the current and projected staff of your organization and indicate the title of each individual (i.e. executive director, lawyer, volunteer attorney, managing attorney, staff attorney, law student, paralegal, etc.). **The executive director position must be listed regardless of whether that individual is an attorney.** Projected positions should be indicated by using the term "To Be Filled". This is important to ensure that you are provided with an accurate premium quotation. PLEASE NOTE THAT A REDUCTION OF PERSONNEL WILL NOT RESULT IN RETURN OF PRO RATA PREMIUM DURING THE POLICY YEAR.
4. If you need to clarify any of the answers to any question, please attach an addendum.
5. If you answer "Yes" to Question #8 of Section I, please be certain to fill out the attached Pro Bono Questionnaire.
6. If you answer "Yes" to Question #9 of Section III, please be sure to attach descriptions.
7. Please make sure the application is signed (ORIGINAL SIGNATURE) and dated.
8. Please return the application to:

Complete Equity Markets, Inc.
In CA. dba Complete Equity Markets
Insurance Agency, Inc. (CASL #0D44077)
1190 Flex Court
Lake Zurich, IL 60047
(800) 323-6234 or (847) 541-0900

UNDERWRITERS REQUIRE A MINIMUM OF 14 DAYS TO REVIEW AND QUOTE ASSUMING ALL REQUIRED INFORMATION FOR QUOTING HAS BEEN SUPPLIED.

(108*53)New



Application for
LAWYERS PROFESSIONAL LIABILITY INSURANCE
(This policy does not cover Private Law Practice)
This is an application for Claims Made Insurance.

SECTION I

1. Name of Organization _____
- _____
- Street Address _____
- _____
- City _____ County _____ State _____ Zip Code _____
- Phone (____) _____ Fax (____) _____
- Email Address _____ Website Address _____
- Mailing Address _____ Date Organization established _____
2. List Branch Offices and Addresses, if any:
- A. _____
- B. _____
- C. _____
3. Type of Organization (Describe the purpose, general operations and functions of your Organization - if your Organization is strictly a pro bono or judicare Organization, please describe your operations under Question 8 below). (Use a separate page if necessary.)
- _____
- _____
4. Total number of cases and/or files handled or processed annually. _____
(An estimate may be used if an accurate count is not available.)
5. Does the Organization accept cases for clients who are not indigent and whose incomes are above the national poverty level? (**Written guidelines for client eligibility MUST be attached.**) Yes No
6. If fees for services have been established by your Organization, please specify the type of case and the maximum fee charge presently used for each type of case (excluding registration fees and court costs). If no fees are charged, insert "Not Applicable".
- _____
- _____
7. Does your Organization provide services other than legal (social, medical, recreational or other)? Yes No
If YES, please attach written explanation.



8. Does your organization utilize the services of attorneys outside of your Organization on a pro bono, judicare or contract basis? If YES, please respond to the questions below. Yes No

- (a) Screening and referral is performed by: _____
- (b) Types of matters referred: _____
- (c) Number of pro bono/judicare panel attorneys: _____
 Number of pro bono/judicare cases referred annually: _____
 Number of attorneys accepting reduced-fee referrals (fee paid by client): _____
 Number of reduced-fee referrals annually (attach fee schedule): _____
 Number of contract attorneys: _____
 Number of cases handled on a contract basis: _____

(d) Does your organization check to see if the participating attorneys are admitted to practice law in your state? Yes No

(e) Does your organization check to see if the participating attorneys have had any legal malpractice or disciplinary complaints filed against them? Yes No

(f) Does your organization inform the client and the participating attorney of the terms and conditions of the referral (e.g. the termination of representation by your organization)? Yes No

(g) Please describe your organization's monitoring and follow-up procedures (Use a separate page.)

9. Describe your Organization's practice of law by showing approximate percentages of cases involving the following:
(Total should equal 100%)

Divorce/Family Law	_____ %	Labor	_____ %
Real Estate	_____ %	Environmental Law	_____ %
Bankruptcy	_____ %	Immigration	_____ %
Landlord/Tenant	_____ %	Housing Law	_____ %
Wills/Estate Work	_____ %	Bonding Issues (and related work)	_____ %
Public Benefits Law		Advocacy for Developmentally and/or Mentally Disabled Persons	_____ %
(Social Sec., Unemployment Comp., Workmen's Comp., Medicare)	_____ %	Child/Spouse Abuse	_____ %
Guardianships	_____ %	Services to farmers regarding creation, adjustment, restructuring or discharge of indebtedness secured by farm real estate or crops	_____ %
Criminal	_____ %	Other (Please Specify)	
Juvenile	_____ %	_____	_____ %
Corporate	_____ %	_____	_____ %
Bodily/Personal Injury		_____	_____ %
Plaintiff	_____ %	_____	_____ %
Defendant	_____ %		



10. Does your Organization provide legal services to groups, corporations or associations? Yes No
 If YES, please provide detailed description (types of groups/corporations/associations, specific legal services provided, etc.) (Use additional sheet, if necessary)

11. If you have answered YES to Question 10, please indicate whether the group, corporation or association is primarily composed of persons eligible for legal aid services and whether such group, corporation or association has provided information showing it lacks and has no practical means of obtaining funds to retain private counsel.

12. LAWYERS LAW STUDENTS/PARAPROFESSIONALS

Please indicate position after the name of each individual listed and whether the individual is salaried or volunteer and part-time or full-time. Please also indicate if any of the individuals listed above are located in states other than where the main office is located.

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

13. Is your organization an ACLU that utilizes the services of cooperating volunteer attorneys outside of your organization? Yes No

If YES, please advise maximum number of such attorneys _____ and maximum number of cases handled _____.

14. Does your organization permit attorneys to engage in uncompensated outside practice of law as defined in the Legal Services Corporation regulations? Yes No

15. 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 (Please check appropriate box):

Seeks 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 compel prosecution)? Yes No

Alleges any of the following types of conduct listed on the next page:

- (a) Negligent acts or omissions in the course of rendering professional services as a Lawyer, under the direction of 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 any 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 application for employment? Yes No
- (j) Conduct of Directors/Officers and/or other management personnel alleging negligence in their official capacity as management? Yes No

16. Does the Organization or any person specified in response to Question 12 know of any circumstance, act, error, omission or inquiry 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 that seeks an injunction or functionally similar order or is based on any of the types of conduct described in Question 15 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).

17. Current Lawyers Professional Liability Insurance (must be completed in full):

- (a) Carrier: _____
- (b) Limits of Liability: _____ (c) Deductible: _____
- (d) Policy Expiration Date: _____ (e) Premium \$ _____
- (f) Retroactive Date: Please attach a copy of your current policy.

18. Does your organization provide legal services to farmers regarding the creation, adjustment, restructuring or discharge of indebtedness secured by farm real estate or crops? Yes No

If YES, do you charge fees to the recipient client directly for the services rendered? Yes No

SECTION II - DATE, CALENDAR OR DOCKET CONTROL AND INTERNAL PROCEDURES

1. Does your Organization...
 -- have at least two independently maintained calendars on which litigated and non-litigated items are entered by separate individuals? Yes No

AND are the calendars cross-checked at least weekly by separate individuals responsible for cross-checking? Yes No

AND does ultimate responsibility for docket control rest with the attorney responsible for the case? Yes No

If any of the above answers are NO, please explain on a separate sheet.

2. Does your organization use a computer-driven calendar and docket control system? Yes No



Name of software program _____

3. If your organization becomes aware of a conflict, do you disclose it in writing to all parties? Yes No
If NO, please explain _____
4. Does your Organization have written procedures for identifying potential or actual conflicts of interest? Yes No
If NO, please explain _____
5. How does your Organization avoid conflicts of interest?
 Oral/memory Index file Computer Conflict Committee Other _____
6. Does your Organization generate engagement letters for all its clients? Yes No
7. Does your Organization notify clients in writing when your services are completed and when a relationship is terminated? Yes No
If NO, please explain _____
8. Does your Organization notify clients or prospective clients in writing when you decline to represent them? Yes No
If NO, please explain _____
9. Does your Organization have an internal grievance procedure to address complaints by clients? Yes No
If YES, please attach a description.

SECTION III

1. What constitutes the management of the Organization? (Trustees, Directors' Committee, Titles of Officers, etc.)

2. How is Management selected? _____
3. Staff
- | | <u>Salaried</u> | <u>Non-Salaried</u> |
|--|------------------------------------|------------------------------------|
| Number of officers and/or directors (including Executive Director) | _____ | _____ |
| Number of Staff members (not including clerical employees) | _____ | _____ |
| Number of clerical employees | _____ | _____ |
| Is the Executive Director full-time or part-time? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-Time |
4. Is the Organization a Not-for-Profit corporation chartered in its state of domicile? Yes No
If NO, Please explain its status. _____
5. Is the Organization directly in the insurance agency or brokerage business in any way? Yes No
If YES, please explain. _____
6. Is your Organization unionized? Yes No
7. Does your organization have an internal grievance procedure to address complaints by employees? Yes No
If YES, please attach a description.
8. Does the Organization publish any publication for limited or general distribution? Yes No
If YES, please attach sample of each.
- a. As to each publication, state its purpose, general content, frequency of publication and amount published (use a separate sheet if necessary).
- _____



b. State the name of the officer or employee who reviews each publication prior to its distribution.

9. Does the Organization sponsor any private or public meetings or conventions? Yes No

If YES, state number and frequency. _____

10. Total Annual budget (all sources) Year 20_____

LSC (Legal Services Corporation) Budget _____

IOLTA _____

Title XX _____

United Way _____

Older Americans Act _____

Other Sources* _____

= TOTAL BUDGET _____

*Please identify other funding sources

IMPORTANT!

In the event that a claim or claims or any circumstance, act, error, omission or inquiry that could result in a claim against the Organization or the persons named in this application have been reported to Underwriters or disclosed on this application, or if the Organization charges fees for its services, or if the Organization does not utilize income eligibility guidelines for clients, Underwriters reserve the right to individually rate insurance for the above Organization.

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

Date _____

Mail **signed** and **dated** application to:

Complete Equity Markets, Inc.
In CA. dba Complete Equity Markets
Insurance Agency, Inc. (CASL #0D44077)
1190 Flex Court
Lake Zurich, Illinois 60047
(847) 541-0900 Fax: (847) 541-0444
Toll-Free in the US and Canada (800) 323-6234

Name of person completing application
(please type or print)

Signature

Title



PRO BONO ENDORSEMENT OPTIONS

Does your organization utilize the services of attorneys outside of your organization on a Pro Bono, Judicare, or Contract Basis?

If you answered YES to Question 8 in Section I of the Application for Insurance, you can extend coverage for your organization and your outside attorneys. Please select one of the endorsement options below, and your quotations will **include** the premium for the endorsement you select.

Coverage For Attorneys and Case Referrals

- STANDARD PRO BONO/JUDICARE FOR ATTORNEYS AND CASES:** Provides coverage to your organization for the referral of legal aid eligible clients/cases to participating pro bono/judicare/contract attorneys. Coverage A will also extend to the participating attorneys handling the pro bono/judicare cases referred by your organization. This coverage is **secondary** to any other valid and collectible insurance available to such attorneys.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS ONLY:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS AND THEIR EMPLOYER FIRMS:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto. In addition, the coverage would extend to any law firm, corporation, or other organization which an attorney accepting a case is an employee or member of. Coverage for the employer firm would be limited solely with respect to liability arising from the participation of the attorney in the pro bono/judicare program.

Coverage for Referral Only

- REFERRALS ONLY COVERAGE:** Provides your organization with coverage for referral of eligible clients to a pro bono/judicare program outside of your organization. There is no coverage for any attorney accepting the referral.
- We do not wish to carry any pro bono endorsement.

Signature

Title

Date

Complete Equity Markets, Inc.
In CA. 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



LII 397 (06/11)

THIS DOCUMENT MUST NOT BE ALTERED OR DUPLICATED

Data Security Breach and Client Network Infection Questionnaire

1. Does the applicant provide remote access to its internal networks and computer systems? Yes No

If YES, please provide details including how remote access is restricted? Use a separate attachment if necessary.

2. Are there formalized security policies for anyone with direct or remote access to your hard wired or wireless network or paper files and records? Yes No

3. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business? Yes No

4. Does applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No

5. Does applicant use firewall protection and anti-virus systems to prevent unauthorized access to internal networks and computer systems? Yes No

6. How does applicant limit access to its internal networks, computer systems and electronic devices (i.e. passwords, encryption or both)?

7. How does applicant ensure sensitive data is permanently removed before any computer equipment or paper file is discarded?

8. Does applicant accept payment by credit card? Yes No

If YES, is that information stored on your network? Yes No

9. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No

10. Does confidential data ever leave the applicant's premises by way of paper or electronic format? Yes No
(This includes any outsourced data handling/data processing / offsite storage)
If YES, please provide details. Use a separate attachment if necessary.

11. Has the applicant had any incidents, claims, suits or complaints involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

12. Is the applicant aware of any incident which could give rise to a claim, suit or complaint involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

13. Please provide below the approximate number of computer and paper records (in office and in storage) kept regarding individuals:
(One client or personnel/staff equals one record)

Own Personnel/Staff paper record:- _____ Own Personnel/Staff electronic record:- _____
Clients/Other paper record:- _____ Clients/Other electronic record:- _____

I/We have not suppressed or misstated any material facts.

I/We agree that this application shall be the basis of the contract with the insurers.

Signing this application does not bind the applicant or the Insurers to complete the insurance, but it is agreed that this application shall be the basis thereof.

Applicant: _____ **Title:** _____
Applicant's Signature: _____ **Date:** _____

Complete Equity Markets, Inc.
In CA. 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