

INSTRUCTIONS

R-Civil

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 and possible lapse in coverage.
2. Please be sure attachments are included for any additional information requested.
3. In responding to Section I, 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.** It is not necessary for you to list persons holding clerical positions. Projected positions should be indicated by using the term "To Be Filled". 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 or require additional space, please feel free to attach addendums.
5. Please sign (ORIGINAL SIGNATURE) and date the application.
6. If you answer "Yes" to Question #9 of Section III, please be sure to attach descriptions.
7. Please return the application by the DEADLINE FOR RETURN OF APPLICATIONS SHOWN ON THE EXPIRATION NOTICE to the following:

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

This date is provided to ensure that renewal of your coverages can be completed before the DATE OF EXPIRATION. **Underwriters require up to 14 days to review and quote assuming all required information for quoting has been supplied. Any applications not received by the deadline for return of applications as shown on the expiration notice may result in a lapse in coverage.**

PLEASE NOTE: THIS COVERAGE IS "CLAIMS MADE" INSURANCE. SHOULD YOUR ORGANIZATION FAIL TO PURCHASE COVERAGE BEFORE THE EXPIRATION DATE SHOWN ABOVE, THERE WOULD BE NO COVERAGE FOR ANY CIRCUMSTANCE LIKELY TO GIVE RISE TO A CLAIM OR ANY CLAIM MADE AGAINST YOU, REGARDLESS OF WHEN THE ORIGINAL ACT, ERROR OR OMISSION OCCURRED, UNLESS, PURSUANT TO THE POLICY TERMS AND CONDITIONS, 1) YOU GIVE WRITTEN NOTICE OF THE CIRCUMSTANCE THAT MAY GIVE RISE TO A CLAIM AGAINST YOU TO UNDERWRITERS ON OR BEFORE THE EXPIRATION DATE OR 2) THE CLAIM IS ACTUALLY MADE AGAINST YOU ON OR BEFORE THE EXPIRATION DATE AND YOU GIVE IMMEDIATE WRITTEN NOTICE TO UNDERWRITERS.

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: _____
Date Organization Established _____ Phone (____) _____

Physical Address _____

City _____ County _____ State _____ Zip Code _____
Fax (____) _____ Email Address _____
Mailing Address _____
2. List Branch Offices and Addresses, if any:
A. _____
B. _____
C. _____
3. List Subsidiary Offices and Addresses, if any:
A. _____
B. _____
C. _____
4. 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.)

5. Total number of cases and/or files handled or processed annually. _____
(An estimate may be used if an accurate count is not available.)
6. 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
7. 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".

8. Does your Organization provide services other than legal (social, medical, recreational or other)?
 If YES, please attach written explanation. Yes No
9. 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.)

10. 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	
(Social Sec., Unemployment		Mentally Disabled Persons	_____ %
Comp., Workmen's Comp.,		Child/Spouse Abuse	_____ %
Medicare)	_____ %	Services to farmers regarding creation,	
Guardianships	_____ %	adjustment, restructuring or discharge	
Criminal	_____ %	of indebtedness secured by farm real	
Juvenile	_____ %	estate or crops	_____ %
Corporate	_____ %	Other (Please Specify)	
Bodily/Personal Injury		_____	_____ %
Plaintiff	_____ %	_____	_____ %
Defendant	_____ %	_____	_____ %

11. 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)

12. 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.

13. Attorney/Staff Information

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.

LAWYERS

LAW STUDENTS/PARAPROFESSIONALS

14. 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 _____.

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

16. In the last 5 years, has any claim, suit, charge, investigation or proceeding been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization? If yes, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all pertinent details (use a separate sheet, if necessary). Yes No

If all claims have been reported per the terms and conditions of the policy of insurance, it is not necessary for you to supply details.

17. Does the organization or any person providing professional services on its behalf 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? 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).

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

Since your last application for this insurance, has your organization changed, updated or modified any of its procedures

- a. for maintaining calendars or dockets? Yes No
- b. in addressing complaints of clients? Yes No
- c. in identifying, avoiding or disclosing potential or actual conflicts of interest? Yes No
- d. in notifying clients when services are completed? Yes No
- e. in notifying clients or prospective clients when you decline to represent them? Yes No

If YES to any of the above, please explain _____

SECTION III

1. What constitutes the management of the Organization? (Trustees, Directors' Committee, Titles of Officers, etc.)
2. How is Management selected?
3. Number of officers and/or directors (including Executive Director) Salaried Non-Salaried
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 provide a listing of each publication, its purpose, general content, frequency of publication and amount published (use a separate sheet if necessary). 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 injury 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 date premium is received or as agreed. 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 US and Canada (800) 323-6234

Name of person completing application
(please type or print)

Signature

Title

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:** _____

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