

- d) State GROSS INCOME derived from your Limited Private Practice over the past 12 months: _____
- e) State the approximate number of hours per week devoted to your Limited Private Practice: _____
8. Please state percentage of income in Limited Private Practice derived from:
- a) Friends and Relatives: _____%; b) Acquaintances: _____%; c) Other: _____%
9. Please describe your diary system fully: _____
- _____
10. Underwriters require that you make formal arrangements with another attorney to handle your Limited Private Practice in the event of your unforeseen absence due to accident, illness, etc. Please provide the **NAME** and **ADDRESS** of this attorney:
- _____

11. Describe your practice by showing the approximate amount of time involving the following. The total should equal 100%.

Abstracting or Title Work	_____ %	Entertainment	_____ %*	Oil & Gas	_____ %**
Admiralty/Maritime	_____ %*	Estate Planning	_____ %***	Patents, Copyrights, TM	_____ %*
Banking	_____ %*	Estate/Probate/Trust	_____ %***	Plaintiffs Litigation	_____ %
Collection/Repossession	_____ %*	Foreign Practice	_____ %*	Plaintiffs Litigation BI/PI	_____ %
Communication (FCC)	_____ %*	General Commercial	_____ %	Public Utilities	_____ %**
Criminal Defense/Appeals	_____ %	General Corporation	_____ %	Real Estate (Commercial)	_____ %
Defendants Litigation Civil	_____ %	Guardian Ad Litem	_____ %	Real Estate (Residential)	_____ %
Defendants Litigation BI/PI	_____ %	International Law	_____ %	S.E.C. Law and/or Regulations	_____ %**
Domestic Relations	_____ %	Labor Relations	_____ %*	Taxation	_____ %***
Arbitration/Mediation	_____ %				

Other (please specify and describe fully): _____ % _____

* **NOTE: PLEASE PROVIDE FULL DETAILS OF ANY WORK PERFORMED IN THESE AREAS OF LAW.**

** **NOTE: ANY PRACTICE INVOLVING THESE AREAS OF LAW IS SPECIFICALLY EXCLUDED UNDER THE TERMS OF THE POLICY OF INSURANCE.**

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

12. a) In your Limited Private Practice, do you ever accept matters which may require your appearance in court? Yes No
- b) If "yes", can you guarantee your employer will allow you the necessary time off to do so? Yes No
- c) If your employer will not allow the necessary time off, please explain how you handle the situation:
- _____
- _____

13. Do you act in a Fiduciary Capacity as a trustee for a trust, executor for a will or similar capacity? Yes No

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

Insurer	Policy No.	Limits of Liability	Deductible	Period	Claims made or Occurrence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Has any similar insurance for the Applicant ever been declined or cancelled? Yes No

If "yes", please give full particulars: _____

16. Have you ever been reprimanded by, refused admission to practice, disbarred or suspended from practice before any court or administrative agency? Yes No

If "yes", please give full particulars: _____

17. Have any claims or suits been made during the past five years against the Applicant either as an individual or as an employed Lawyer or Partner of any other firm? Yes No

If "yes", please give full particulars: _____

18. Is the Applicant aware of any circumstance, act, error, omission or injury that could result in any claim being made against the Applicant? Yes No

If "yes", please give full particulars: _____

19. How many suits for collection of fees have been filed by the Applicant during the past two years? _____

20. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients:

- Monthly Billing for All Clients Retainers for all new Clients Other (explain)

21. a) What limit of insurance do you require? _____

b) What deductible are you prepared to carry? (\$1,000 Minimum)? _____

22. Has any claim alleging negligent acts or omissions in the course of rendering professional services as a Notary Public ever been made against the Applicant? Yes No

If "yes", please give full particulars: _____

23. Is the Applicant aware of any circumstance, act, error, omission or injury that could result in a claim against the Applicant alleging negligent acts or omissions in the course of rendering professional services as a Notary Public? Yes No

If "yes", please give full particulars: _____

24. Has any claim been brought against the Applicant which alleges any of the following types of conduct:

a) False arrest, detention or imprisonment or malicious prosecution? Yes No

b) 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

c) Wrongful entry or eviction, or other invasion of the right of private occupancy? Yes No

If any of the above items is answered "yes", please give full particulars:

25. Is the Applicant aware of any circumstance, act, error, omission or injury that could result in a claim against the Applicant based on any of the types of conduct described in Question 24? Yes No
 If "yes", please give full particulars: _____

26. Has any Disciplinary Proceedings ever been instituted against the Applicant by any court, bar association, or committee or board thereof, or commission established by constitutional provision, statute, or court rule to investigate, review or impose disciplinary sanctions for charges of attorney misconduct? Yes No
 If "yes", please give full particulars: _____

27. Is the Applicant aware of any circumstance, act, error, omission or injury that could result in a Disciplinary Proceeding being instituted against the Applicant by any court, bar association, or committee or board thereof, or commission established by constitutional provision, statute or court rule to investigate, review or impose disciplinary sanctions for charges of attorney misconduct? Yes No
 If "yes", please give full particulars: _____

28. Total number of Mediation cases you expect to handle in the next 12 months: _____
29. State GROSS INCOME derived from your Mediation Practice over the past 12 months: _____
30. Describe your activities as an Arbitrator/Mediator (including Facilitation, Training, Custody Evaluation, Guardian Ad Litem, Counseling, etc.)

31. Would you like your Limited Practice Lawyers premium quote to include coverage for Arbitration/Mediation Yes No

NOTICE TO APPLICANT:

WARRANTY: I/We warrant that the information contained herein is true and that it shall be the basis of the insurance and deemed incorporated therein, should the Underwriters evidence its acceptance of this application by issuance of coverage. I/We hereby authorize the release of claim information from any prior insurer to Underwriters.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, the Applicant 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 Underwriters, then no coverage for such claim is afforded the Applicant under the insurance.

IMPORTANT: Underwriters reserve the right to individually rate insurance for the above Applicant based upon the Applicant's experience.

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

Named Applicant: _____

Signature * : _____

Date: _____

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

Complete Equity Markets, Inc.
In California dba Complete Equity Markets Insurance Agency, Inc.
1190 Flex Court, Lake Zurich, IL 60047
Toll-Free (800) 323-6234 or In Illinois (847) 541-0900 * FAX (847) 541-0444

AIF 1956 A1 (12/10)

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SUPPLEMENTAL TAX QUESTIONNAIRE

If your type of work includes Estate Planning, Estate/Probate/Trust or Taxation you MUST complete this form.

- (1) Has the applicant rendered legal opinions regarding the legality, appropriateness or efficacy of any tax benefit transactions, tax treatment, tax strategy or tax shelters within the past five years? Yes No
- (2) If the answer to question (1) is yes, has the applicant made a determination as to whether any of the transactions that are the subject of such opinions constitute listed or reportable transactions within the meaning of Sections 6011 or 6112 of the Internal Revenue Code? Yes No
- (3) If the answer to question (1) is yes, were the fees or other compensation charged or received by the applicant in connection with any such opinion based solely upon its customary hourly rates for legal services? If not, please describe the manner in which the fees or other compensation charged or received by the applicant in connection with any such opinion were calculated. Yes No
- (4) Is the applicant aware of whether the IRS, US Treasury Department or any state or local taxing authorities have released any notices, opinions, announcements, regulations or revenue rulings, or any other published guidance, regardless of form, in the past five years, in which they question, change, prohibit or negatively discuss a tax treatment or strategy that formed the basis for the applicant's opinion to a client or clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No
- (5) Within the past five years, has the applicant discontinued the issuance of or withdrawn an opinion or opinions on a tax treatment or strategy following the release of any notices, opinions, announcements, regulations or revenue rulings by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation. Yes No
- (6) Within the past five years, has the applicant issued tax opinions on tax treatments or strategies, where similar or related tax treatments or strategies previously have been questioned or prohibited by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation. Yes No
- (7) Within the past five years, has the applicant received a subpoena or other request for information (including but not limited to an administrative summons or promoter summons), whether formal or informal, from the IRS, US Treasury Department or any state or local taxing authority in connection with the applicant's role in any tax benefit transactions, tax treatment or tax strategy implemented by or on behalf of any of its clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No
- (8) Within the past 5 years has the applicant referred any client to any other professional entity to provide any services that are referred to in this Questionnaire? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No

If you answered YES to any question, please attach separate page with explanations.

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE
AIF 2651 (08/05)

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

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.
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