



**ERRORS & OMISSIONS PROGRAM**

303 W. Madison Street, Suite 700, Chicago, IL, 60606  
Tel: 866.879.6565 Fax (312)879-1335 Email: epli@5StarSP.com

**LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION**

Renewal of Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Name of Firm: \_\_\_\_\_

2. Address of Firm: \_\_\_\_\_

3. Total number of Lawyers: This Year: \_\_\_\_\_ Last Year: \_\_\_\_\_ Two Years ago: \_\_\_\_\_

Total number of: Partners/Shareholders \_\_\_\_\_ Employed Lawyers \_\_\_\_\_ Of Counsel \_\_\_\_\_ Other Staff: \_\_\_\_\_

4. Provide a brief description of any significant changes in the number of lawyers (i.e. increases or decreases of 10% or more lawyers) in the last year resulting from new or closed branch offices, departures or additions of individuals or specific practice groups or mergers with other firms.  No Change  See Attached

5. Indicate the type of legal services provided by the firm to financial institutions where the firm's billings in the last year are greater than \$250,000 and whether any lawyer(s) of the firm holds a board position or equity interest in excess of 5% in the financial institution.  No Change  See Attached Supplement 2

6. Provide details (including the name of the lawyer, name of the organisation, the position held and whether it is a client) of any lawyer in the firm who holds an outside interest in a client (including but not limited to an equity interest or option to purchase equity or a position as a Director/Officer/Partner/Employee).  No Change  See Attached Supplement 4

7. Total Gross Fee Billings by fiscal year: This Year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_

8. Please provide details and percentages of any new practice areas or any amendment in any previously reported practice area by more than 5%. A check in the box means changes less than 5%. If checked, no further information is needed.  No Change

Indicate Percentage of this year "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

Banking/Savings & Loan	_____ %	Estate/Trust/Probate	_____ %
BI/PD & Personal Injury - Defense	_____ %	Municipal Law (Except bonds)	_____ %
BI/PD & Personal Injury – Plaintiff	_____ %	Domestic Relations	_____ %
General Corporate Advice/Litigation	_____ %	Admiralty/Marine	_____ %
Corporate/Partnership/Formation/Alteration	_____ %	Criminal	_____ %
Real Estate	_____ %	Labor Relations	_____ %
Securities Law	_____ %	Entertainment	_____ %
Taxation	_____ %	Oil & Gas	_____ %
Environmental	_____ %	Other:	_____ %
Bankruptcy	_____ %	Other:	_____ %
Copyright/Patent	_____ %	<b>TOTAL</b>	<b>100%</b>



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**LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION (cont.)**

9. Briefly describe any changes or modifications to the firm’s management or committee structure and their respective responsibilities during the last year.  **No Change**  **See Attached**

10. Briefly describe any changes or modifications to the firm’s risk management, loss prevention or quality control systems during the last year including the following:  **No Change**  **See Attached**

- docket and calendar control
- use of engagement letters
- conflicts system
- outside communications
- review of opinion letters
- new business and/or client intake
- delinquent fee collection procedures
- training and supervision

11. State the number of suits for collection of fees that have been filed in the last year. For each suit state the amount in dispute and the total amount billed on this matter.  **None**  **See Attached**

12. Provide details of any changes and developments of all previously reported claims and/or circumstances, please attach Supplement 6. In addition and after enquiry:

a) Have any claims or suits been made in the last ten years against the firm or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed lawyers, Employees or its predecessors in business that have not been reported and accepted under the firm’s Professional Liability Insurance?  **Yes**  **No**

b) Are any persons in the firm aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the firm or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Employees or its predecessors in business that have not been reported and accepted under the firm’s Professional Liability Insurance?  **Yes**  **No**

If the answer is yes, for a) and/or b) above, please attach Supplement No 6 and notify the claim to the party set forth in Item 7 of the Declarations Page of your current policy.

It is agreed that this Renewal Application is supplemental to Lloyd’s Application(s) for all policies of which the policy would be a renewal, and that such Lloyd’s Application(s), together with the Renewal Application and any materials submitted herewith (which shall be retained on file by Underwriters and shall be deemed attached hereto, as if physically attached hereto), constitute the complete Application which shall be the basis of the Policy and will be attached to and become a part of the Policy.

**The Undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information of this application changes between the date of this application and the effective date of the insurance he/she (undersigned) will immediately notify the underwriters of such changes, and the underwriters may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.**

Signing of this application does not bind the Applicant(s) nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*This Renewal Application may only be used if it is supplemental to a Lloyd’s Application(s)**



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**SUPPLEMENT 1**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
INDIVIDUALS FOR WHOM COVERAGE IS BEING SOUGHT**

IN ACCORDANCE WITH QUESTION 1.H. PLEASE NAME ALL OWNERS, PRINCIPALS, PARTNERS,  
OFFICERS' AND EMPLOYED LAWYERS:

NB: COVERAGE APPLIES ONLY TO WORK UNDERTAKEN FOR OR ON BEHALF OF THE  
APPLICANT FIRM.

	Name	Title	Year Admitted to Bar	Year Joined Applicant	Previous Firm
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____



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Name	Title	Year Admitted to Bar	Year Joined Applicant	Previous Firm
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				

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

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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**INSTRUCTIONS  
FOR  
FINANCIAL INSTITUTIONS SUPPLEMENT**

**PLEASE READ BOTH CATEGORY A AND B CAREFULLY BEFORE RESPONDING.**

THE TERMS “INSTITUTION” OR “FINANCIAL INSTITUTION” INCLUDE ANY SAVINGS & LOAN, BANK, CREDIT UNION, SAVINGS ASSOCIATION, BUILDING LOAN ASSOCIATION; OR SERVICE COMPANY, SUBSIDIARY CORPORATION OR HOLDING COMPANY OF THE AFOREMENTIONED.

PLEASE NOTE: INFORMATION PROVIDED HEREIN DOES NOT CONSTITUTE NOTICE OF CLAIM OR POTENTIAL CLAIM.

**Category A**

- Fidelity Bond Claims
- Loan Workouts
- Foreclosures
- Bankruptcy
- Litigation work
- Collection
- Trademark/Copyright
- Labor Law
- Loan Documentation and/or Loan Closing work if fees from the Financial Institution were LESS than \$5,000 in any one year.

IF ALL YOUR SERVICES ARE CATEGORY A, PLEASE SIGN A BLANK COPY OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENT.

**Category B**

**Professional Services (at any time over the last 10 years)**

- Counsel on any matter(s) not listed in Category A including but not limited to Regulatory/ Disclosure/Corporate/SEC/Stock Offerings.
- Loan Documentation and/or Loan Closing work if fees from the Financial institution were MORE than \$50,000 in any one year.
- Other

**Other Involvement's (at any time over the last 10 years)**

- Audit Committee
- Loan Committee
- Executive Committee
- Directorship
- Equity interest worth more than: \$10,000 or 2% of Equity between all Partners and Lawyers combined.

IF ANY OF YOUR SERVICES FOR A FINANCIAL INSTITUTION ARE CATEGORY B, PLEASE COMPLETE ONE OF THE ATTACHED FINANCIAL INSTITUTION SUPPLEMENTS PER INSTITUTION.



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**SUPPLEMENT 2**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**FINANCIAL INSTITUTIONS**

NAME OF APPLICANT: \_\_\_\_\_

**Category B (Please full in one Supplement per Institution)**

Please fill in name of the Institution even if your Client was a Holding Company:-

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Service from: \_\_\_\_\_ to: \_\_\_\_\_  
Day Month Year Day Month Year

Total Fees billed to the above over the last 10 years:- \$ \_\_\_\_\_

**Professional Services (at any time over the last 10 years)**

Counsel on any matter(s) not listed in Category A including but not limited to Regulatory/Disclosure/Corporate/SEC/ Stock Offerings. (Please Describe below)

Loan Documentation and/or Loan Closing work if fees from the Financial institution were MORE than \$50,000 in any one year.

Other (Please describe below)

**Other Involvement's (at any time over the last 10 years)**

Audit Committee  
 Loan Committee  
 Executive Committee

Directorship  
 Equity interest worth more than: \$10,000 or 2% of Equity between all Lawyers combined.

Please use the space below to provide further details on any of the above Services or Involvement's including whether the Applicant was retained on an ongoing basis or only for a single transaction.

Has the above Financial Institution to the best of your knowledge:

Failed, been declared insolvent, placed into receivership or liquidation?  Yes  No

Been merged or sold at Regulatory direction?  Yes  No

Been placed under any Regulatory agreement including cease and desist order?  Yes  No

Been the subject of Criminal/Civil Litigation by Regulators, Shareholders, Bondholders or others against the Institution, its Directors and Officers, or any of its Professional Advisors?  Yes  No

If yes, has the Applicant been requested to provide any verbal or written information to any Regulator, Potential Litigant or their Legal Representatives?  Yes  No

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
Title

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**SUPPLEMENT 3**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**SECURITIES LAW**

NAME OF APPLICANT: \_\_\_\_\_

What percentage of Applicant's Securities practice for past Fiscal Year involved:

- 1. A. Securities registered under the Securities Act of 1933 on behalf of Initial Public Offerings. \_\_\_\_\_ %
- B. Securities registered under the Securities Act of 1933 not on behalf of Initial Public Offerings? \_\_\_\_\_ %
- C. Municipal Bonds. \_\_\_\_\_ %
- D. Private Placements and State Registrations, including Syndication's and Ltd. Partnerships. \_\_\_\_\_ %
- E. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held Companies. \_\_\_\_\_ %
- F. Representations of Clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than relative to takeovers or mergers of publicly held Companies \_\_\_\_\_ %
- G. Derivatives \_\_\_\_\_ %
- H. Other Securities work (Please describe): \_\_\_\_\_ %

2. Please list the main Industries that the Applicant represents on Securities work (e.g. Computer Software, Chemicals)

- 3. A. Does the Applicant conduct what is commonly referred to as a "due diligence"  Yes  No
- B. If yes, does the Applicant make routine use of checklists in its investigations?  Yes  No
- C. During the past Five years has the Applicant been involved in or have the knowledge of any facts which would indicate that they may be included in any investigation of administrative action by the S.E.C. or any State Agency Regulating Securities?  Yes  No  
If yes, please give details on a separate addendum.
- D. Does the Applicant require a "cold review" of every offering or disclosure document by a Lawyer who was not involved in drafting the original document?  Yes  No
- E. Does the Applicant have a procedure for obtaining a new Clients history of changing Securities Lawyers or Accountants or Investment Bankers?  Yes  No
- F. What steps does the Applicant take to verify information supplied by Clients and Third Parties?

4. Please list Representation in the past Two years in a takeover or merger and tick Client Company.

Name of Acquiring Company	Client	Name of target Company	Client	Value of Transaction
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	\$ _____



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5. 1. Please list all Securities transactions in excess of \$1m which the Applicant has been involved with in the past Two years and provide the following information in the spaces below.
1. Issuer..... The name of the Organization issuing the Securities
  2. Issuer est..... Number of years the Issuer has been trading
  3. Business..... The business activity of the Issuer (Computer Software, Real Estate, etc)
  4. Offering size..... Dollar size of Offering
  5. Issuer size..... Book value of Issuer prior to Offering
  6. Date..... If filed, the date of filing, otherwise the estimated date
  7. Security type..... Form of Security offered e.g. Common Stock Municipal Bond. Ltd. Partnership unit, etc.
  8. Investment grade..... Please name grade and source of applicable.
  9. Underwriter..... The name of the Organization Underwriting the Securities
  10. Accountant..... The name of the Accountant involved in this Offering
  11. Client..... Please indicate your client as I=Issuer/U=Undwerwriter/O=Other work relied on in prospectus or offering documents.

Issuer	Issuer est.	Business		
Offering Size	Issuer Size	Date	Security type	Investment grade
Underwriters	Accountant	Client		

Issuer	Issuer est.	Business		
Offering Size	Issuer Size	Date	Security type	Investment grade
Underwriters	Accountant	Client		

Issuer	Issuer est.	Business		
Offering Size	Issuer Size	Date	Security type	Investment grade
Underwriters	Accountant	Client		

Issuer	Issuer est.	Business		
Offering Size	Issuer Size	Date	Security type	Investment grade
Underwriters	Accountant	Client		

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
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**SUPPLEMENT 4**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**CLIENT INTERESTS SUPPLEMENT**

NAME OF APPLICANT: \_\_\_\_\_

Please provide details for any Entity in which the Applicant or any Lawyer practicing Law with the Applicant holds a Client interest defined as:

- A. an Equity interest or option to purchase Equity and/or
- B. a position as Director/Officer/Partner/Employee and/or
- C. any Equity which has produced over 10% of the Applicant's total Annual Gross Billing at any time over the past Five years.

No details are required for Positions held with Charitable Organizations connected with Pro-Bono services

Name of Entity: \_\_\_\_\_

1.A. Equity Interest  Yes  No If yes, please indicate:

Total Market value of Equity/Options: \$ \_\_\_\_\_ % interest if more than 1% \_\_\_\_\_

B. Outside Position  Yes  No If yes, please indicate:

Name(s) of Lawyers with Positions in Entity and what Position held: \_\_\_\_\_

C. More than 10% of Applicants Total Annual Gross Billings in the last Five Years?  Yes  No

If yes, please indicate: The current % of Billings \_\_\_\_\_ %  
Highest % any one year \_\_\_\_\_ in 19 \_\_\_\_\_

2.A. Industry/Type of Business: \_\_\_\_\_

B. Please describe the Services rendered: \_\_\_\_\_

C. Has the Applicant entered into any agreement to receive compensation for Services rendered in the form of an Equity interest or any option to purchase Equity?  Yes  No

D. Has the Applicant performed any Services for this Client in relation to the preparation of any disclosure or offering documents for Investors and/or State or Federal Regulators?  Yes  No

If yes, what steps have been taken to avoid an actual or alleged conflict of interest?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

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**SUPPLEMENT 5**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

**ENTERTAINMENT**

1. Please attach a list of your "ENTERTAINMENT" CLIENTS.

2. Please indicate the percentage of the Applicant's entertainment work derived from:

Film \_\_\_\_\_ % TV \_\_\_\_\_ % Music \_\_\_\_\_ % Sports \_\_\_\_\_ % Other \_\_\_\_\_ %

3. Where the Applicant has represented a combination of two or more of the following in a transaction:

- Artist/Player
- Agent/Manager
- Record Company/Studio/Tem
- Producer
- Lenders/Investors

Does the firm obtain and hold on file signed conflict waivers from all parties?  Yes  No

If yes, for how long has this policy been in force \_\_\_\_\_ and when was the last transaction for which no signed conflict waivers were obtained? \_\_\_\_\_

4. Does the Firm perform any money management or Investment advice on behalf of its Entertainment Clients?  Yes  No

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

5. Does the firm ever bill fees based on a percentage of Entertainment client's income? If so at what rate? \_\_\_\_\_ %

6. Please briefly describe the Services rendered for Entertainment Clients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
Title

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**SUPPLEMENT 6**

**APPLICATION FOR  
LAWYERS PROFESSIONAL LIABILITY INSURANCE  
CLAIM FORM**

NAME OF APPLICANT: \_\_\_\_\_

**APPLICANT'S INSTRUCTIONS**

- A. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST TEN YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 10B OR 10C. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
- B. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE ADDENDUM. DO NOT ATTACHE COPIES OF SUMMONS AND COMPLAINT
- C. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDEWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
- D. PLEASE LEAVE NO BLANKS.

1 Full Name of individual(s) and name of Firm involved in the claim:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

2 Additional Defendants:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

3 Full Name of Claimant: \_\_\_\_\_

4 Date of alleged error: \_\_\_\_\_

5 To what Insurance Company did you report this claim: \_\_\_\_\_

6 Date reported to Insurance Company: \_\_\_\_\_

7 From which Area of Law as described in Question 2C Activities, did the claim or circumstance arise?  
\_\_\_\_\_  
\_\_\_\_\_



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8. Please indicate: Present status of claim: (Tick One) and fill in the spaces below as appropriate.

**OPEN CLAIM**

**CLOSED CLAIM**

Circumstance/Claim  In Suit

Closed  without payment  
Closed  with payment

**Amounts Outstanding**

**Amounts Paid**

Amount asked in summons: \$ \_\_\_\_\_  
Claimant's settlement demand: \$ \_\_\_\_\_  
Defendant's offer for settlement: \$ \_\_\_\_\_  
Defense costs to date: \$ \_\_\_\_\_  
Insurers Current Loss reserve \$ \_\_\_\_\_

Defense costs paid by Applicant: \$ \_\_\_\_\_  
Defense costs paid by Insurer: \$ \_\_\_\_\_  
Damages/Settlement paid by Applicants \$ \_\_\_\_\_  
Damages/Settlement paid by Insurer: \$ \_\_\_\_\_  
Date of Settlement: \_\_\_\_\_

9. (Please provide enough information to allow an evaluation - DO NOT ATTACH SUMMONS AND COMPLAINT)

A. Please describe the Services rendered and how they relate to the Parties in this matter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe plaintiff's allegation/Applications response and evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Value of the case or transactions to your Client: \$ \_\_\_\_\_ Trial Date: \_\_\_\_\_  
Day Month Year

D. Applicant's evaluation of value of this claim: Est. Loss \$ \_\_\_\_\_  
Est Defense Costs \$ \_\_\_\_\_

Current Case Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Please explain what has been done to avoid a recurrence of this type of claim:

\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS AND THAT THERE WILL BE NO COVERAGE AFFORDED UNDER THE PROPOSED INSURANCE FOR ANY MATTER(S) LISTED IN RESPONSE TO THIS SUPPLEMENT

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date