



ERRORS & OMISSIONS PROGRAM

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APPLICATION FOR
LAWYERS PROFESSIONAL LIABILITY INSURANCE
THIS APPLICATION IS FOR A "CLAIMS MADE" INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B. PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
- C. PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENTS WHERE REQUIRED.
- D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E. THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
- F. THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.

1 A. Name of Applicant: _____

Individual Partnership Professional Corporation Ltd. Liability Partnership

B. Address: _____

City: _____ County: _____

State: _____ Zip: _____

C. Telephone Number: () _____ Fax Number: () _____

Email Address: _____ (CCMail/Internet etc.)

D. If the Applicant has branch offices in other Cities please indicate the 3 largest by Gross Billings:

City: _____ City: _____ City: _____

State: Billings % State: Billings % State: Billings %

E. (i) Date Commenced Business: _____
Day Month Year

F. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:

This Year: \$ _____ Last Year: \$ _____ 2 Years Ago: \$ _____

For 12 Months ending:

Day Month Year

G. Total Number of Lawyers:

This Year: Last Year: Two year ago

H. Total Number of:

Partners/ Shareholders Employed Lawyers/ Associates Of Counsel Other Staff

I. For any contract Lawyers not listed in H and Employed by the Applicant in the past 12 months please indicate:

Number of Lawyers Employed Billable hours worked Amount Billable for their Services: \$ _____

Comments: _____

ADDITIONAL SUPPLEMENTS

2. A. Please complete Supplement Number 1 and attach a copy of the Applicant's letterhead.

B. Does the Applicant currently, or did the Applicant at any time:

- (i) in the last Ten years provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2? Yes No
If yes, please complete Supplement Number 2.
- (ii) in the last Two years perform any Securities work? Yes No
If yes, please complete Supplement Number 3.
- (iii) in any of the last Five years have any one Client or group of related Accounts produce more than 10% of Total Gross Billings? Yes No
If yes, please complete Supplement Number 4.
- (iv) in the last 12 months perform any Entertainment work? Yes No
If yes, please complete Supplement Number 5.
- (v) in the last Five years provide any other Professional Services apart from Legal work? If yes, please give details on a separate addendum. Please indicate details of applicable Insurance. Yes No

ACTIVITIES

2. C. Indicate Percentage of this years "Total Gross Billing" derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	For any area of law that represents more than 10% of the Applicants practice, complete any applicable detailed practice split.		
Banking/Savings & Loan	%	%			
BI/PD & Personal Injury Litigation	%	%	%	%	%
General Corporate Advice/Litigation	%	%	Plaintiff Litigation	Defense Litigation	Plaintiff Class Actions
Corporate/Partnership Formation/Alteration	%	%	Plaintiff Litigation	Defense Litigation	Advice/Other
Real Estate	%	%	Corporate	Partnership	Mergers/Acquisitions
Securities Practice including Syndication's/Bonds/Tax Shelters Ltd. Partnerships and Derivatives	%	%	Commercial Transaction	Residential Transactions	Litigation/Other
Taxation	%	%	Plaintiff Litigation	Defense Litigation	All Other SEC work
Environmental	%	%	Personal	Corporate	International
Bankruptcy	%	%	Plaintiff Litigation	Defense Litigation	Compliance/Advice
Copyright/Patent	%	%	For Creditor	For Debtor	Court Appointed Trustee
Estate/Trust/Probate	%	%	Plaintiff Litigation	Defense Litigation	Advice/Filing
Municipal Law (except bonds)	%	%	Estate Planning	Trust Administration	Probate
Domestic Relations	%	%	Defense Litigation	Advice on Finance/Investments	Other
Admiralty Law (Except Labor Relations)	%	%	Contested Divorce	Un-contested Divorce	Other
Criminal	%	%	Plaintiff Litigation	Defense Litigation	Contract Law/International Law
Labor Relations	%	%			
Entertainment	%	%	Management Representation	Union/Labor Representation	Other
Oil & Gas	%	%	Including Money Management	Ex Money Management	Litigation
Other	%	%	Plaintiff Litigation	Defense Litigation	Contract/Other
Please Describe:	%	%	%	%	%
Overall Total	%	%	%	%	%
	100%	100%			

MANAGEMENT

3. A. Is the Applicant managed by a management Committee?
 comments:

Yes No

If yes, how many Partners or Offices Comprise the management committee: _____
and how often has it met in the past 12 months? _____

comments: _____

B. Does the Applicant employ a full time non Lawyer Administrator? Yes No

comments: _____

C. Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers (including Partners) within the firm? Yes No

If yes, does this include periodic review of selected case files by a Partner not handling the case? Yes No

comments: _____

NEW BUSINESS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

4. A. Are new Clients and new matters subject to approval of the Applicant's management committee or at least one Independent Partner or Officer other than the Lawyer proposing to handle the case? Yes No

comments: _____

B. Does the approval process for new Clients include independent enquiries as to a Client's creditworthiness and reputation for payment of legal or other bills? Yes No

comments: _____

4. C. Is information as to all new Clients made available on at least a weekly basis to all Partners or Officer of the Applicant? Yes No

comments: _____

D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter? Yes No

comments: _____

E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one or more predecessor Legal Counsel? Yes No

If yes, please summarize: _____

CONFLICTS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

5. A. How does the Applicant maintain its conflict of interest system?

Oral/memory Index File Computer Other: _____

comments: _____

B. Is the conflict search always completed prior to accepting a Client? Yes No
comments:

C. If not, are Clients accepted subject to that search and is this documented in an engagement letter? Yes No
comments:

D. Does the system contain the following information? (Please tick as appropriate)

- | | | | |
|-----------------------|--------------------------|--|--------------------------|
| • Client Name | <input type="checkbox"/> | • Previous Firms of lateral hires employed by the Applicant | <input type="checkbox"/> |
| • Opposing Party | <input type="checkbox"/> | • Names of Parties whose representations was declined | <input type="checkbox"/> |
| • Client Subsidiaries | <input type="checkbox"/> | • Names of any Entity in which the Applicant or any Lawyer practicing with the applicant holds an outside interest (including but not limited to an equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) | <input type="checkbox"/> |
| • Client Principals | <input type="checkbox"/> | | |
| • Opposing Counsel | <input type="checkbox"/> | | |

comments:

E. Are all Lawyers in the Firm, regardless of practice area or geographical location:

(i) able to access all conflict data held by the Applicant in their conflict system? Yes No

(ii) required to access all conflict data held by the applicant in their conflict search? Yes No
comments:

F. Does the Applicant have a Policy not to review any privileged or confidential Client Information prior to an unqualified acceptance of a Client? Yes No
comments:

G. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No
comments:

H. Where representation is continued subject to conflict waivers does the Applicant have a written Policy requiring the waiver to clearly:

(i) show the conflicting parties the nature of the conflict? Yes No

(ii) show how it could affect the representation? Yes No

(iii) show how the Client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver? Yes No

Comments:

I. With the exception of positions held with Charitable Institutions in relation or pro-bono work, does the Applicant or any Lawyer practicing with the Applicant hold 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)? Yes No

If yes, please complete Supplement Number 4.

OUTSIDE COMMUNICATIONS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

6. A. For what percentage of cases does the Applicant:
- | | | |
|---|---|--|
| (i) when accepting a representation send an engagement letter which clearly shows the scope of Services to be performed and the terms and rates on which the matter will be billed? | % | |
| (ii) when declining a representation send a non engagement letter? | % | |
| (iii) when ceasing representation send a disengagement letter? | % | |
| (iv) incorporate a fee mediation/arbitration clause into the retainer/engagement letter? | % | |
- comments: _____
- B. When declining a case in which a critical deadline or statute may apply, does the Applicant always:
- | | | |
|--|------------------------------|-----------------------------|
| (i) Send a non-engagement letter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) by certified mail? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) which clearly warns of the importance of immediately seeking alternative representation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) and the risk of losing the chance to pursue the case if a time deadline is exceeded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DOCKET AND CALENDAR

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

7. A. Does the Applicant maintain a central system for control of statute dates and other critical deadlines? Yes No
 Comments: _____
- B. Is this central system used by all Lawyers in the Firm to control the critical statutory dates or deadlines applicable to their area of practice? Yes No
 If no, please describe: _____
- C. How many independent date controls are kept on each matter? 1 2 3 (or more, please state)
 Comments: _____
- D. Does the Applicant use a: Perpetual Calendar Tickler Type Computer
 Other (please describe): _____
- E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No
 Comments: _____
- F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.,

- G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No

Comments: _____

TRAINING AND SUPERVISION

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

8. A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and Court procedures? Yes No

comments: _____

- B. How many Lawyers have participated in formal continuing Legal Education programs of at least seven hours during the last year?

comments: _____

- C. Are all Associates under the direct supervision of a Partner or Officer? Yes No

comments: _____

MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee or by at least two Partners or Officers? Yes No

comments: _____

- B. What percentage of the Applicants billings are more than 90 days overdue from the date the bill was sent out? % _____

comments: _____

- C. How many suits for collection of fees have been filed by the Applicant during the past two year? _____

comments: _____

- D. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients?

- (i) Monthly billing for all Clients (ii) Retainers for all new Clients

Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:

- from any one Client to any one Lawyer

- (iv). other: _____

- E. Other than on contingent cases, what is the largest amount currently owed by a Client to the Firm for billed or unbilled time? \$ _____

F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? Yes No

If no, please give details below or on a separate addendum.

comments:

G. Does the Applicant have a written Policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made? Yes No

comments:

H. Are two signatures required for all withdrawals of funds from Custodial Accounts? Yes No

comments:

I. Has the Applicant in last Ten years changed the name of the Applicant? Yes No

Merged with, acquired or been acquired by any other Firm or Organization? Yes No

Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No

Are any of the above currently pending or contemplated? Yes No

If yes, please give full details below or on a separate addendum, including the date of the change(s)

INSURANCE

The term "after enquiry" is deemed to mean the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has Insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused to the Applicant? Yes No
If yes, please give details below or on a separate addendum.

Comments:

B. After enquiry, have any claims or suits been made in the last Ten years against the Applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

comments:

- C. After enquiry, are any persons listed in Supplement 1 aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessors in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

comments: _____

- D. Have all claims and circumstances requiring a response in question 10B and 10C already been reported to and accepted by a current or past Insurer? Yes No

If no, please give full details below or on a separate addendum.

comments: _____

11. Please give details of previous Insurance purchased in the last Five years by the Applicant or predecessor Firms.

Carrier	Number of Lawyers	Limits each claim/ Aggregate	Deductible	Paid Premiums	Coverage dates effective From to
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Has any extended claims reporting period (“tail”) coverage been purchased in the last 7 year? Yes No

If yes, please give details.

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least Five years? Yes No

If no, please give details.

14. Is the Applicant’s expiring coverage on a standard policy WITHOUT any endorsements restricting coverage? Yes No

Comments:



**FIVE STAR
MANAGERS, L.L.C.**

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.	_____	_____	_____	_____	_____

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



FIVE STAR MANAGERS, L.L.C.

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.



FIVE STAR MANAGERS, L.L.C.

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

Date



**FIVE STAR
MANAGERS, L.L.C.**

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" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. | If yes, does the Applicant make routine use of checklists in its investigations? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?
If yes, please give details on a separate addendum. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. | Does the Applicant have a procedure for obtaining a new Clients history of changing Securities Lawyers or Accountants or Investment Bankers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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"/>	\$ _____

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=Undewriter/O=Other work relied on in prospectus or offering documents.

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

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

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

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

 AUTHORIZED SIGNATURE OF APPLICANT Title

 Date



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 _____ Title _____

Date



**FIVE STAR
MANAGERS, L.L.C.**

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

Date



**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?

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:	\$ _____	Defense costs paid by Applicant:	\$ _____
Claimant's settlement demand:	\$ _____	Defense costs paid by Insurer:	\$ _____
Defendant's offer for settlement:	\$ _____	Damages/Settlement paid by Applicants:	\$ _____
Defense costs to date:	\$ _____	Damages/Settlement paid by Insurer:	\$ _____
Insurers Current Loss reserve:	\$ _____	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