



LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

NOTICE: This is a claims-made policy. The coverage of this policy is limited to liability for claims which are first made during the policy period, or any extended reporting period. Coverage under the policy ceases upon termination of the policy, except for automatic extended reporting coverage, unless the insured purchases optional extended reporting coverage.

This policy made provide that claim expenses, including legal defense, are within and reduce the limit of liability and are to be charged against the deductible. The limit of liability available to pay damages may be reduced by up to 50% by claim expenses for policies with a limit of liability – each claim of \$500,000 or greater. The limit of liability available to pay damages may be exhausted by claim expenses for policies with a limit of liability – each claim of \$5,000,000 or greater or a deductible of \$100,000 or greater. Further note that claim expenses shall be applied against the deductible by up to 50% of the deductible amount for policies with a limit of liability – each claim of \$500,000 or greater. Claim expenses shall be applied against the deductible by up to 100% of the deductible amount for policies with a limit of liability – each claim of \$5,000,000 or greater or a deductible of \$100,000 or greater.

The policy provides no coverage for claims arising out of acts or omissions in the performance of professional services which took place prior to the retroactive date.

The policy provides for automatic extended reporting period coverage of 60 days, at no charge and optional extended reporting period coverage. Coverage gaps may arise at the expiration of the policy, automatic extended reporting period or optional extended reporting period. During the first several years of the claims made relationship, claims made rates are comparatively lower than occurrence rates, and the insured can expect substantial annual premium increases, independent of the overall rate level increases, until the claims made relationship reaches maturity.

The retroactive date may not be changed during the term of the claims made relationship and any extended reporting period.

Please read and review the policy carefully.

Firm Name: _____ Contact Name: _____

Address: _____ Website Address: _____

1. Since your last application, has the firm's physical address or contact information changed, or has the firm opened or closed any additional locations? Yes No
If yes, attach a detailed explanation and sample firm letterhead with your application.

2. Since your last application, has the firm experienced a merger, acquisition or dissolution of any kind? Yes No
If yes, complete the grid below, using a separate sheet if additional explanation is needed.

Table with 5 columns: NAME OF FIRM, DATE ESTABLISHED OR MERGED (MM/DD/YY), CONFIRM THE FOLLOWING: 1. DISSOLVED, 2. NAME CHANGE, 3. CONTINUE TO EXIST, DATE DISSOLVED (MM/DD/YY), PERCENTAGE (%) OF ASSETS / LIABILITIES APPLICANT FIRM ASSUMED

3. Since your last application, has your firm begun any new office sharing, staff sharing or case sharing relationships? Yes No
If yes, provide the name of the entity, describe the relationship and confirm whether the entity is separately insured.

4. How many non-lawyer office staff does the firm have? _____

5. Does the firm employ a full-time legal administrator or office manager? Yes No

6. Since the last application, how many attorneys have joined the firm? _____ Departed from the firm? _____

7. List all lawyers in the firm, using a separate sheet if more space is needed:

Table with 7 columns: Name, Designation*, OC/IC/PT Annual Hours Worked for Applicant Firm, Date of Hire (mm/dd/yy), Date Admitted To Bar (mm/dd/yy), Is Lawyer CLE Compliant? ** Y/ N/ NA

8						
9						
10						

*Designation: O – Officer, OC – Of Counsel, P – Partner, IC – Independent Contractor, S – Shareholder, R – Retired Partner, A – Associate, PT – Part-Time
 **If not CLE compliant, please explain circumstances.

8. Since the last application, have any attorneys handled matters in states outside the firm's physical locations? Yes No
- a. If yes, how many attorneys? _____ In what states? _____
- b. In what areas of practice? _____
- c. Is each attorney licensed in every state in which they practice? YES NO
- d. Frequency of out-of-state work _____

9. COMPLETE THIS GRID ONLY IF YOUR FIRM'S AREAS OF PRACTICE HAVE INCREASED OR DECREASED BY 15% OR MORE SINCE THE LAST APPLICATION, OR IF ANY AREAS OF PRACTICE ARE NEW TO THE FIRM SINCE THE LAST APPLICATION.

IF THERE HAVE BEEN NO CHANGES, CHECK THIS BOX AND PROCEED TO QUESTION 11:

Provide the percentage (in whole numbers) of gross billable hours for each area of practice in which the firm has engaged during the past 12 months. The combined total areas of practice must equal 100%. All litigation should be coded under its respective Area of Practice Section; for example, "Tax Litigation" should be coded under "Taxation". **Any percentage in an area of practice referenced by an asterisk (*) indicates the appropriate supplement must be completed (available from your broker):**

_____ %	Administrative Law	_____ %	ERISA/Employee Benefits
_____ %	Admiralty Law – Defense	_____ %	Financial Institutions/Banking *
_____ %	Admiralty Law – Plaintiff	_____ %	Government Contracts and Claims
_____ %	Adoption Law	_____ %	Guardianship/Juvenile/Child Custody or Support
_____ %	Antitrust/Trade Regulation	_____ %	Immigration and Naturalization
_____ %	Arbitration/Mediation	_____ %	Insurance Defense
_____ %	Bankruptcy*	_____ %	I. P. Copyrights & Trademarks*
_____ %	Business Transactions & Contracts	_____ %	I.P. Patents*
_____ %	Civil Litigation – Defense	_____ %	International Law
_____ %	Civil Litigation – Plaintiff	_____ %	Landlord/Tenant
_____ %	Civil Rights and Discrimination	_____ %	Local Government (not bonds)
_____ %	Class Actions/Mass Tort*	_____ %	Oil & Gas*
_____ %	Collection/Repossession – Commercial*	_____ %	Personal Injury – Defense
_____ %	Collection/Repossession – Consumer*	_____ %	Personal Injury – Plaintiff*
_____ %	Commercial Litigation – Defense	_____ %	Real Estate – Commercial*
_____ %	Commercial Litigation – Plaintiff*	_____ %	Real Estate – Foreclosure*
_____ %	Construction/Building Contracts	_____ %	Real Estate – Land Use & Zoning *
_____ %	Consumer Claims	_____ %	Real Estate – Residential*
_____ %	Corporate & Business Formation	_____ %	Real Estate –Title*
_____ %	Corporate Mergers and Acquisitions	_____ %	Securities or Bonds*
_____ %	Criminal	_____ %	Social Security
_____ %	Divorce – w/ Assets < \$1M	_____ %	Taxation*
_____ %	Divorce – w/ Assets \$1M - \$5M	_____ %	Water Law
_____ %	Divorce – w/ Assets > \$5M	_____ %	Wills, Trusts & Estates < \$1M*
_____ %	Elder Law	_____ %	Wills, Trusts & Estates \$1M - \$5M*
_____ %	Eminent Domain	_____ %	Wills, Trusts & Estates > \$5M*
_____ %	Employment Law – Employee /Union *	_____ %	Workers Compensation – Defense
_____ %	Employment Law – Employer /Management	_____ %	Workers Compensation – Plaintiff
_____ %	Entertainment *	_____ %	Other (Describe): _____
_____ %	Environmental Law	_____ %	TOTAL

10. Percentage of the firm's overall practice that falls within the defense area: _____%
11. What was the firm's revenue for the last 12 months? \$ _____
12. Does your firm provide services to the cannabis industry? YES NO If Yes, please describe the service you provide.

13. Does the firm represent any clients in the following as related to cryptocurrency? YES NO
 a) The initial sale or fund raising in relation to crypto. YES NO
 b) Advice related to sale of crypto. YES NO
14. Do you have any clients that represent more than 25% of your annual revenue? YES NO
If yes, provide details including name of client, services provided to client and % of revenue derived from client.
15. Are all client invoices maintained current within 90 days? (If no, % over 90 days: _____). YES NO
If over 35%, provide a separate explanation for the backlog and how the firm is bringing these accounts current.
16. Since your last application, how many outstanding client bills has the firm sent to a collection agency in order to collect fees? _____
17. Since your last application, how many times has the firm sued clients in order to collect unpaid client fees? _____
If any fee suits, please complete table below using a separate sheet if more space is needed.

	CLIENT NO. 1	CLIENT NO. 2	CLIENT NO. 3
Name of Client			
Legal Services			
Date Suit Filed			
Amount of Dispute			
Has the SOL Run?			
Status			
Date Suit Closed			
Outcome			

18. Since your last application, has any attorney in the firm (regardless of what firm he or she was practicing with at the time):
 a. Represented any high profile clients? YES NO
 b. Handled any class action or mass tort litigation? YES NO
 c. Had any involvement with the issuance, offering or sale of securities or bonds? YES NO
 d. Been on a board or loan committee, or acted as regulatory, advisory, or general counsel for a financial institution? YES NO
If yes, provide an explanation and (if applicable) complete the Area of Practice Supplement.
19. Since your last application, has any attorney in the firm assumed a **NEW** role as Director, Officer, Trustee, Partner or Employee or acquired an ownership interest or financial interest in any entity other than the Applicant firm? YES NO

If yes, please complete the grid below, using a separate sheet of paper if more space is needed.

Attorney's Name	Name of Organization	Nature of Clients Business	Profit or Non-Profit	% of Firm Billings	% of Equity Interest	Position(s) Held	Legal Services Provided	Directors & Officers protected by D&O Insurance?

20. If this is a solo attorney firm, do you have a backup attorney to handle matters in case of your absence? YES NO
21. Since your last application, has any attorney been the subject of a bar complaint, bar grievance, denied the right to practice, suspended from practice, disbarred, reprimanded, or had other disciplinary action by any court or administrative agency? YES NO
If yes, please provide details and all official bar correspondence on the matter.
22. Since your last application, have there been any changes to the status (settlement, award, dismissal, etc.) of claims previously reported to carriers other than Aspen? YES NO N/A
If yes, provide updated loss runs and a Claim Supplement for each matter.
23. After inquiry, are there any claims (or potential claims) that have not yet been reported to the Company? YES NO
If any, please provide a Claim Supplement for each matter.
24. Is any member of the firm aware of an act or omission (other than those you have mentioned in questions 21, 22, or 23.)

that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? Yes No
If yes, please provide a Claim Supplement for each matter.

25. During the last twelve months (12) months, had the applicant Firm seen any change in type of clients served? YES No
If Yes, please complete the following chart regarding the type of clients served (total must equal 100%)

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals - High Net Worth (>\$10M assets)	%	Small Public Companies (<\$100m revenues)	%
Individuals - All Other	%	Large Public Companies (>\$100m revenues)	%
Small Private Companies (<\$100m revenues)	%	Fortune 500 Companies	%
Large Private Companies (>\$100m revenues)	%	Government or Public Institutions	%
Non-profit Organizations or Charities	%	Other	%

Notice to Applicant – Please Read Carefully Before Signing

Please note that listing a claim or potential claim in an application does NOT constitute notice to the Company pursuant to the terms and conditions of the policy currently in effect and is not sufficient to invoke any coverage that might be available. For proper claim reporting instructions, please refer to your policy Section V. Conditions, Subsection A. Reporting of Claims and Potential Claims.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Print Name

Title

Signature of Owner, Partner, Principal, Officer, or Member of the Applicant Firm

Date

PLEASE SUBMIT A SAMPLE OF THE APPLICANT’S LETTERHEAD WITH THIS APPLICATION. INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.

Broker Name:	Agency Name:	Taxpayer ID No.:	Producer License No. / State	Producer Address: (No., Street, City, State, and Zip):