



# CONTINENTAL CASUALTY COMPANY

## RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### THE FIRM

1. The precise name of the applicant firm to be insured.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application, including attorneys named, address, other offices, etc., should be explained on a separate sheet of paper.

2.a. Has there been a change to the firm's principal location or mailing address?.....  YES  NO  
If "Yes," please provide the following information:

b. Primary Location \_\_\_\_\_ Mailing Address \_\_\_\_\_

c. Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

3. Total number of attorneys:

Please list all of the firm's attorneys on a separate sheet of paper and provide the following information for each:

a. the position of each attorney within the firm, i.e. Owner (O), Equity Partner (EP), Non-Equity Partner (NP), Officer (OF), Employee (E), or Of Counsel (OC).

b. (1) the attorney's social security number, (2) date attorney joined the firm, (3) date attorney admitted to Bar, (4) date private practice began and (5) whether attorney met CLE requirements or attended continuing education within the last year

For "Of Counsel" attorneys, please provide the following information:

(a) the attorney's social security number, (b) whether attorney does work exclusively for the applicant firm, (c) annual billable hours worked for the applicant firm and (d) whether attorney has individual professional liability insurance coverage.

A New Lawyer Supplement must be completed for each attorney, including of counsel attorneys, who joined your firm since the inception date of your last policy.

4. Is your office or suite shared with attorneys other than those listed above? .....  YES  NO

5. Have any of the firm's attorneys been refused admission to practice, disbarred, suspended or formally reprimanded, or been subject to any disciplinary proceedings, for any reason other than non-payment of dues, within the last 12 months? .....  YES  NO  
If "Yes," please provide dates, allegations, outcome and date of reinstatement on a separate sheet of paper and attach to this application.

6. Within the previous 12 months, has there been a change to the firm's:

a. Docket and calendar systems? .....  YES  NO

b. Procedures for identifying, cross-checking and resolving potential or actual conflicts of interest? .....  YES  NO

If "Yes," please describe on page 3.

**THE PRACTICE**

**7.a. Areas of Practice - guidelines for completing this section:**

1. Express percentages of **time devoted** (billable hours) in each area during the previous year.
2. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the client you represent.
3. Please be as accurate as possible, as casual estimates may cause inappropriate evaluation of your practice.
4. Litigation is coded as "Civil Litigation" with the exception of "Criminal," "Personal Injury - Plaintiff" and "Intellectual Property" which should be coded to their respective Area of Practice.

<p>_____ % Admiralty / Marine</p> <p>_____ % Anti - Trust Trade Regulation</p> <p>_____ % Banking / Financial Institutions</p> <p>_____ % Business Transaction / Commercial Law</p> <p>_____ % Civil Litigation</p> <p>_____ % Civil Rights / Discrimination</p> <p>_____ % Collection and Bankruptcy</p> <p>_____ % Construction (Building Contracts)</p> <p>_____ % Consumer Claims</p> <p>_____ % Corporate Business Organization</p> <p>_____ % Criminal</p>	<p>_____ % Environmental Law</p> <p>_____ % Family Law</p> <p>_____ % Government Contracts / Claims</p> <p>_____ % Immigration / Naturalization</p> <p>* _____ % Intellectual Property (Patent, Trademark, Copyright)</p> <p>_____ % International Law</p> <p>_____ % Labor Law</p> <p>_____ % Local Government</p> <p>_____ % Natural Resources / Oil and Gas</p> <p>_____ % Personal Injury / Property Damage - Defense</p>	<p>_____ % Personal Injury / Property Damage - Plaintiff</p> <p>* _____ % Real Estate / Title Commercial</p> <p>_____ % Real Estate / Title Residential</p> <p>_____ % Securities (SEC)</p> <p>_____ % Taxation</p> <p>_____ % Wills, Estates, Probate &amp; Planning</p> <p>_____ % Workers' Compensation - Defense</p> <p>_____ % Workers' Compensation - Plaintiff</p> <p>_____ % Other _____ (please describe on page 3)</p>
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\*If the percentage of Real Estate is greater than 10%, or if there is any percentage of Intellectual Property please complete the respective supplemental application unless applicant completed the applicable CNA supplemental application within the past three years.

**Total (Must equal 100%)** \_\_\_\_\_ %

b. In the last 12 months, has the firm represented any entertainment clients, (e.g. athletes, performers, publishers, authors or designers, etc.) or clients who are otherwise public figures? .....  YES  NO  
 If "Yes," please complete the Entertainment Supplemental Application unless the firm completed the CNA Entertainment Supplemental Application within the past three years.

c. At any time within the past twelve months, has the firm, or any attorney of the firm: (Regardless of what firm they were practicing with at the time):

i. acted in the capacity as SEC counsel, regulatory counsel, general counsel to any financial institution? .....  YES  NO

ii. acted in the capacity of a director, officer, committee member, or was an equity partner of any financial institution? .....  YES  NO

If "Yes" to either question please complete the Financial Institution Supplemental Application.

d. At any time in the past twelve months, has the firm or an attorney of the firm (regardless of what firm they were practicing with at the time) provided legal services in any way related to a security or to securities transactions (whether or not consummated) which are or may be subject to the Securities Act of 1934; Investment Advisor Act of 1940, or any state blue sky or securities law, or any law related to any purchase, sale or offer to purchase or sell a security, or any rule or regulations issued pursuant to any of the foregoing? .....  YES  NO

(NOTE: "Securities" should not be indicated if your securities work is solely for the representation of plaintiff clients subject to NASD arbitration.)  
 If "Yes," please complete the Securities Supplemental Application.

8. After inquiry, is any attorney in your firm aware of:

a. Any professional liability claims made against the firm or any member of the firm within the past 12 months? .....  YES  NO

b. Any acts, error or omissions in professional services that may reasonably be expected to be the basis of a professional liability claim? .....  YES  NO

c. Have all claims and/or incidents been reported to CNA? .....  YES  NO

If "Yes" to either 8a or b, please complete Supplemental Claim Form for each.

- 9.a. Has any attorney of the firm served, in the past 12 months, as Director, Officer or Partner in a fiduciary capacity for any client? .....  YES  NO
- b. Does any attorney have, or has any attorney had, in the past 12 months, any ownership interest in any client? .....  YES  NO
- c. Does any single client represent 10% or more of the applicant's total gross billings? .....  YES  NO

10. If "Yes" to Questions 9 a, b or c, please complete the following for each situation:  
 If more than three, use additional paper if necessary, following the same format and attach to this application.

	One	Two	Three
Name of Client			
a. Name of Attorney			
b. Date of Client Affiliation			
c. Nature of Business			
d. Position Held			
e. Ownership Interest %			
f. Is this a current client?			
g. If a client, does the client carry D & O Insurance?			
h. Name of D & O carrier			
i. At what limits?			
j. Legal Services Provided			
k. Gross Billings %			

### INSURANCE COVERAGE REQUESTED

No change

If no selection is indicated, your renewal quotation will be based on your expiring deductible and limit of liability.  
 Selection of limits does not guarantee availability.

11.a. Please select the Each Claim/Aggregate Limit you desire:

- |                                                      |                                                        |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000     | <input type="checkbox"/> \$ 3,000,000 / \$ 3,000,000   |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000     | <input type="checkbox"/> \$ 4,000,000 / \$ 4,000,000   |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000     | <input type="checkbox"/> \$ 5,000,000 / \$ 5,000,000   |
| <input type="checkbox"/> \$ 500,000 / \$ 1,000,000   | <input type="checkbox"/> \$ 6,000,000 / \$ 6,000,000   |
| <input type="checkbox"/> \$ 1,000,000 / \$ 1,000,000 | <input type="checkbox"/> \$ 7,000,000 / \$ 7,000,000   |
| <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 8,000,000 / \$ 8,000,000   |
| <input type="checkbox"/> \$ 2,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 9,000,000 / \$ 9,000,000   |
| <input type="checkbox"/> \$ 2,000,000 / \$ 4,000,000 | <input type="checkbox"/> \$ 10,000,000 / \$ 10,000,000 |
|                                                      | <input type="checkbox"/> Other _____                   |

b. Please select the Aggregate Deductible you desire:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$ 1,000  | <input type="checkbox"/> \$ 25,000   |
| <input type="checkbox"/> \$ 2,000  | <input type="checkbox"/> \$ 50,000   |
| <input type="checkbox"/> \$ 3,000  | <input type="checkbox"/> \$ 75,000   |
| <input type="checkbox"/> \$ 4,000  | <input type="checkbox"/> \$ 100,000  |
| <input type="checkbox"/> \$ 5,000  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$ 10,000 |                                      |
| <input type="checkbox"/> \$ 15,000 |                                      |

Unless otherwise stated on your quotation, limits include defense costs and claim expenses.

Thank you for completing this application. If applicable, please complete the appropriate Supplemental Application(s).  
 When complete, please read the Representation Page, sign and date the application.

### Additional Information

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## SIGNATURE AND REPRESENTATION PAGE

Applicant hereby represents after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. if a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
2. this application will be the basis of the contract and will be incorporated by reference into and made a part of such policy; and
3. **Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.**

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**WARNING — COLORADO, FLORIDA, KENTUCKY, NEW JERSEY, NEW YORK, OHIO, OKLAHOMA AND PENNSYLVANIA APPLICANTS ONLY**

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

(FOR COLORADO RESIDENTS ONLY: ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.)

Applicant

By \_\_\_\_\_

SIGNATURE OF OFFICER OR PARTNER OF FIRM

PRINT NAME OF OFFICER OR PARTNER

DATE

**Application must be signed by duly authorized proprietor, partner, member or officer of the firm.**

### REMINDER

Please attach a sample of your letterhead to this application.