

CONTINENTAL CASUALTY COMPANY

SHORT-FORM RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

THE FIRM								
1. Applicant Name:								
Street Address: City: State: Contact Name: Contact Email:								
				Policy period requested: From to both days at 12:01 a.m. at the principal address of the firm.				
				3. Total Number of Atte	orneys (as of	_, 20):		
Partners/officers/share	holders:							
Associates/employed a	-							
Counsel or of counsel:	_							
Total Attorneys:								
HE PRACTICE								
4. Areas of Practice: Gut the previous year. Tota			e devoted (billable hours) in each area during					
% Admiralty/Mari	ne Defense	% Corporate Law – Business Organization	% Natural Resources/Oil & Gas					
% Admiralty/Marin	e Plaintiff	% Criminal	% Personal Injury/Property Damage – Defense					
% Antitrust/Trade F	Regulations	<u>%</u> Environmental Law	% Personal Injury/Property Damage – Plaintiff					
% Banking/Financia	al Institutions	% Family Law	% Real Estate/Commercial					
% Business Transac Law	tion/Commercial	% Government Contracts/Claims	% Real Estate/Residential					
% Civil Rights/Disc	rimination	% Immigration/Naturalization	% Securities Law (SEC)					
% Civil/Commercia Defense	l Litigation –	% Intellectual Property	% Taxation					
% Civil/Commercia Plaintiff	l Litigation –	% International Law	% Wills, Estate, Trust, Probate & Planning					
% Collection & Bar	ıkruptcy	% Labor Management Representation	% Workers Compensation – Defense					

% Consumer Claims

% Construction (Building Contracts)

_% Local Government

_% Labor Union Representation

% Workers Compensation – Plaintiff

% Other:

- 5. Since the date of the firm's last application submitted to the Company, have there been any changes to the firm's internal procedures and quality control systems? NO YES If YES, please provide a narrative of the changes.
- 6. Since the date of the firm's last application submitted to the Company, has any attorney or employee of the firm been disbarred, suspended, formally reprimanded or subject to any disciplinary inquiry, complaint or proceeding for any reason other than non-payment of dues? NO YES If YES, please provide a summary of the events.
- 7. Since the date of the firm's last application submitted to the Company, have any new officer or director positions been accepted by any attorney in a for-profit entity? NO YES If YES, please identify the individual attorney, the position held, the name of the entity, indicate whether the entity is publicly or privately held and describe the business activity of the entity.
- 8. Since the date of the firm's last application submitted to the Company, has any attorney accepted any new ownership interests in any client? NO YES If YES, please identify the individual attorney, the percentage of ownership, the name of the entity, indicate whether the entity is publicly or privately held and describe the business activity of the entity.
- 9. After inquiry, is any attorney of the firm aware of any professional liability claim made against the firm or any member of the firm Since the date of the firm's last application to the Company and that has <u>not</u> been reported to the Company? NO YES If YES, please provide full details.
- 10. After inquiry, is any attorney of the firm aware of any acts, error or omissions in the performance of professional services that may reasonably be the basis of a professional liability claim against the firm or any member of the firm since the date of the firm's last application to the Company and that has <u>not</u> been reported to the Company? NO YES If YES, please provide full details.
- 11. Since the date of the firm's last application submitted to the Company, have there been any changes in the status of any professional liability claim, suit or circumstance reported during the past ten years to any prior insurer? NO YES If YES, please provide full details.

SIGNATURE AND REPRESENTATION

Applicant's authorized representative hereby represents that after reasonable inquiry, the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts as relates the questions contained in this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application 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 inception 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 representation: 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;

(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;

The information requested in this renewal application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Please note that it is within CNA's sole discretion to require additional information or supplemental forms to be completed, if necessary.

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.)

By_

5 Signature of officer, member or partner of firm Pr	Print
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Date

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

Name