



# Lawyers Professional Liability Insurance EZ Renewal Application

## Instructions for Completing this Application:

This is a fillable PDF document.

Please answer all questions fully. If necessary, as noted in the questions below, please attach additional responses to this Application using the applicable supplements.

Upon completion, this Application must be signed and dated by an authorized representative of the Applicant.

**THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE AND REPORTED POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM BOTH FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, ANY EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

## ABOUT THE FIRM

1. Registered name of the law firm:		
Attach a sample of the firm's letterhead to this Application. Inconsistencies between it and the Application, including attorneys named, address, and other offices, etc., should be explained on a separate sheet of paper.		
2. Renewal Effective Date:		
3. Does the law firm have additional office locations and / or practice in states other than the Primary Location? <i>If "Yes," please complete the Out of State and / or Additional Practice Location Supplement.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are there any attorneys who, during the policy period, have joined the firm, left the firm, or had a change in designation and / or status (for example, been made partner or of counsel)? <i>If "Yes," please complete the EZ Renewal Attorney Supplement.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have there been any percentage changes in the firm's Areas of Practice, including any new Mass Tort / Class Action or representation of Entertainment Clients? <i>If "Yes," please complete the EZ Renewal Area of Practice Supplement.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Does the law firm share office space with attorneys who are not members of the firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Does the law firm have any one client that represents more than 50% of the firm's annual billings? <i>If "Yes," please complete the Client Information Supplement.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. How many total non-attorney staff members work at the firm?		
9. a. Does the law firm regularly confirm representations in writing via use of formal engagement letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. If "Yes," does the engagement letter include the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• identity of the client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• scope of representation that includes key terms of legal representation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• fee structures and billing agreements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• termination agreement that includes file retention and destruction terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Does the law firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Does the law firm regularly acknowledge in writing the declination or termination of representations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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10. During the policy period, how many lawsuits or arbitration procedures has the law firm initiated to enforce the collection of its unpaid fees? <i>If greater than zero, please complete the Fee Suit Supplement.</i>	
11. Provide the firm's estimated gross revenues for the current fiscal year:	
Current fiscal year end date: _____	Gross Revenues: _____ \$
12. Does the firm currently carry a standalone cyber insurance policy? If "Yes," does the current standalone cyber insurance policy include coverage for:	Yes <input type="checkbox"/> No <input type="checkbox"/>
• wire transfer fraud?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• denial of service attack?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• extortion / ransomware?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• social engineering?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. After inquiry, is any attorney in the law firm aware of:	
a. any claims that have not yet been reported to the Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. an actual or alleged act, omission, circumstance, or breach of duty that has not yet been reported to the Company and that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or against any attorney currently or formerly affiliated with the law firm or any predecessor law firm, regardless of whether any such claim would be meritorious?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. within the past five years, any attorney that has been subject to any disciplinary inquiry, complaint, or proceeding for any reason, <i>including</i> non-payment of dues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. any attorney <i>ever</i> being refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes" to a, b, c, or d above, please complete the Claim / Disciplinary Supplement for each matter.</i>	



**SIGNATURE AND REPRESENTATION**

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 part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured, may create a lack of coverage; and
4. Any attorney currently or formerly affiliated with the law firm or any predecessor law firm has disclosed in this Application any actual or alleged, act, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the law firm, any predecessor law firm, or any attorney currently or formerly affiliated with the law firm or any predecessor law firm, regardless of whether any such claim would be meritorious.

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

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:**

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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES

**(FOR CALIFORNIA RESIDENTS ONLY:** FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.)

**(FOR DISTRICT OF COLUMBIA RESIDENTS ONLY:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY AN INSURANCE BENEFIT IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.)

**(FOR FLORIDA RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.)

**(FOR KANSAS RESIDENTS ONLY:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY



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FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.)

**(FOR LOUISIANA RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

**(FOR MAINE RESIDENTS ONLY:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.)

**(FOR MARYLAND RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

**(FOR NEW JERSEY RESIDENTS ONLY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.)

**(FOR NEW YORK RESIDENTS 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.) (FOR OHIO RESIDENTS ONLY: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.)

**(FOR OKLAHOMA RESIDENTS ONLY:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.)

**(FOR OREGON RESIDENTS 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY HAVE COMMITTED A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY BE SUBJECT TO PROSECUTION, CIVIL FINES AND CRIMINAL PENALTIES.)

**(FOR PENNSYLVANIA RESIDENTS 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.)

**(FOR PUERTO RICO RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING, PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, WILL INCUR A FELONY, AND UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) NOR MORE THAN TEN THOUSAND DOLLARS (\$10,000); OR IMPRISONMENT FOR A FIXED TERM



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OF THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.)

**(FOR RHODE ISLAND RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

**(FOR TENNESSEE RESIDENTS 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.)

**(FOR VERMONT RESIDENTS 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.)

**(FOR VIRGINIA RESIDENTS ONLY:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.)

**(FOR WASHINGTON RESIDENTS 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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.)

**(FOR WEST VIRGINIA RESIDENTS ONLY:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.)

**LAW FIRM APPLICANT:**

By

\_\_\_\_\_  
SIGNATURE OF OFFICER OR  
PARTNER OF THE LAW FIRM

\_\_\_\_\_  
PRINT NAME OF OFFICER OR PARTNER

\_\_\_\_\_  
DATE



## Lawyers Professional Liability Insurance EZ Renewal Application Attorney Supplement

### NEW, DELETED, OR CHANGED ATTORNEY DESIGNATION INFORMATION

Registered name of law firm:

Policy number:

Effective date (mm/dd/yy):

Attorney Name	New / Deleted / Changed Status	Attorney Designation (see list below)	Attorney Outside Interests (see list below)	Average # of Hours Per Week				All State(s) Where Attorney is Admitted to Practice Law	Experience				CNA Risk Management Attendance Date mm/dd/yy	Voluntary Bar Association Member?	
				0	1 to 10	11 to 25	26 +		Years in Private Practice of Law	Years with This Firm	Years of Continuous Malpractice Coverage	Prior Acts Date mm/dd/yy		Yes	No
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>

#### New / Deleted / Changed Status:

NEW	New Attorney Hire	DEL	Deleted Attorney	CHG	Attorney Change in Status / Designation
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#### Attorney Designations:

A	Associate/Employee	NAS	Non-Attorney Shareholder	P	Partner/Officer/Director
EP	Equity Partner/Member/Shareholder	O	Owner of Non-Incorporated Entity	RP	Retired Partner
IC	Independent Contractor	OC	Of Counsel	SP	Sole Practitioner

#### Attorney Outside Interests:

EEO	Employed at any entity other than the law firm	D&O C	Director, Officer, Employee, Manager for Client	EIC	Equity interest in client for whom legal services is provided
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*\*If any present, Client Information Supplement is required.*

Signature of Partner/Officer			
Print Name		Date	



## Lawyers Professional Liability Insurance EZ Renewal Application Areas of Practice Supplement

### AREAS OF PRACTICE

Estimate the percentage of the law firm's time, based on billable hours, devoted to each of the following areas of law during the past 12 months. Please use only whole numbers.

%	Admiralty / Marine – Defense	%	*Corporate Business Organization	%	Natural Resources / Oil & Gas
%	Admiralty / Marine – Plaintiff	%	Criminal	%	Personal Injury/Property Damage - Defense
%	Anti-Trust / Trade Regulation	%	Environmental	%	*Personal Injury / Property Damage - Plaintiff
%	Banking / Financial Institutions	%	Family Law	%	*Real Estate/Title – Commercial
%	Bankruptcy	%	Government Contracts / Claims	%	Real Estate/Title- Residential
%	*Business Transaction/ Commercial Law	%	Immigration / Naturalization	%	*Securities (“SEC”)
%	Civil/Commercial Litigation – Defense	%	*Intellectual Property - Patent	%	Taxation
%	Civil/Commercial Litigation – Plaintiff	%	*Intellectual Property - (Copyright/Trademark)	%	*Wills, Estate, Trust & Probate
%	Civil Rights / Discrimination	%	International Law	%	Workers Comp - Defense
%	Collection	%	Labor Management Representation	%	Workers Comp - Plaintiff
%	Construction (Building Contracts)	%	Labor Union / Employee Representation	%	Other (describe below)
%	Consumer Claims	%	Local Government	%	<b>Total must equal 100%</b>

“Other” Description Area:

Do any of the above areas of practice include the following practices / type of clients?

\*Class Action / Mass Tort    Yes  No

\*Entertainment    Yes  No

\* An area of practice supplement may be required.

By \_\_\_\_\_  
SIGNATURE OF OFFICER OR PARTNER OF THE LAW FIRM

\_\_\_\_\_  
PRINT NAME OF OFFICER OR PARTNER

\_\_\_\_\_  
DATE