



GENERAL STAR NATIONAL INSURANCE COMPANY

RENEWAL APPLICATION

LAWYERS PROFESSIONAL LIABILITY INSURANCE

APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE POLICY, LIMITED TO ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF INSURANCE WILL BE REDUCED BY PAYMENT OF CLAIMS EXPENSES AND DAMAGES.

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant Firm in connection with the underwriting of this Policy.

Applicant Firm Name			
Street Address			Suite
City	County	State	Zip Code
Website Address		Mailing Address (if different)	
Primary Contact Name		Title	
Email	Telephone Number	Fax Number	

Desired Limit: \$ _____	Desired Retention: \$ _____
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1. Total number of lawyers this year: _____ If more than 10, attach additional sheets as necessary.

2. List all Owners, Partners, Officers, Directors, Stockholder Employees, and Employed Lawyers of the Applicant Firm.

*Designation Codes:

P	Partner/Owner/Member	IC	Independent Contractor
E	Employed Lawyer	PTL	Part-Time Lawyer (<= 25 Hours a Week)
OC	Of Counsel	R	Retired

Name of Lawyer	Designation*	If OC, IC or PTL, # of hours worked	Admitted to the Bar MM/YY	Joined Applicant Firm MM/DD/YY	Lawyers Specialty
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3. During the last 12 months, has any lawyer in the Applicant Firm:
- a. serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm? Yes No
 - b. hold any ownership or equity interest in any client(s) of the Applicant Firm? Yes No
- If "Yes" to either, complete the following (attach additional sheets as necessary):

Name of Lawyer	Name of Organization	Organization For Profit (FP) or Nonprofit (NP)?	Is the Organization a Firm Client? (Y/N)	Position Held by Lawyer	Percent of Equity Held	Percent of Total Firm Billings	Separate D&O Insurance? (Y/N)
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> FP <input type="checkbox"/> NP	<input type="checkbox"/> Y <input type="checkbox"/> N		%	%	<input type="checkbox"/> Y <input type="checkbox"/> N

4. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):
- a. Actual for immediate past fiscal year: \$ _____
 - b. Estimate for current year: \$ _____

5. Does any client account for 25% or more of the Applicant Firm's gross billings? Yes No

If "Yes", provide the following details:

Name of Client	% of Gross Billings	Work Performed

6. Since the completion of the last application, have there been any changes to the Applicant Firm's docket or conflict of interest systems or any other office procedure? Yes No

If "Yes", provide details:

7. During the last 12 months, how many lawyers in the Applicant Firm have participated in formal continuing legal education programs of at least 7 hours? _____

8. During the last 12 months, how many suits for collection of fees have been filed by the Applicant Firm? _____

9. Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel partnership, firm or organization? Yes No

If "Yes", provide the name of the entity(ies):

- a. _____ c. _____
- b. _____ d. _____

10. Has any of the Applicant Firm's lawyers ever been refused admission to practice, disbarred, suspended or formally reprimanded, sanctioned, or disciplined by any court or administrative agency? Yes No

If "Yes", provide details:

11. During the last 12 months, has there been any change in the Applicant Firm's area of practice? Yes No
 If "Yes", indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:
 (Total must equal 100%)

AREA OF PRACTICE Round to the nearest whole percent	%	AREA OF PRACTICE Round to the nearest whole percent	%
Administrative Law		Insurance Defense	
Admiralty Defense		International Law	
Admiralty Marine		Investment Money Manger	
Adoptions		Juvenile	
Arbitration/Mediation		Labor Unions	
Banking/Financial Institutions*		Labor/Employee	
Bankruptcy		Labor/Management	
BI/PI Defense		Landlord Tenant/Leases	
Bonds (complete Securities supplement)*		Lobbying	
Business Transactions		Local Government	
Civil Rights		Medical Malpractice Defense	
Civil/General Litigation		Medical Malpractice Plaintiff*	
Class Action Plaintiff*		Mergers & Acquisitions	
Collection*		Municipal Law	
Commercial Defense		Oil & Gas Mining*	
Commercial Law		Oil & Gas Title*	
Consumer Claims		Patent, Trademark, Copyright – Filing*	
Construction Law		Patent, Trademark, Copyright Litigation*	
Contracts		Patent, Trademark, Copyright Prosecution*	
Corporate Formation		Plaintiff BI/PI (Non Product Liability)*	
Corporate General		Product Liability Plaintiff*	
Corporate Litigation		Real Estate Closings/General*	
Criminal Law		Real Estate Commercial Title*	
Divorce (under 1MM marital assets)		Real Estate Development*	
Employment Law		Real Estate Investment Trusts*	
Entertainment*		Real Estate Limited Partnership*	
Environmental Law*		Real Estate Residential Title*	
ERISA		Real Estate Syndication*	
Estate Planning*		Securities*	
Estate/Trust/Probate*		Taxation Opinions	
Family Law – (Non-Divorce)		Taxation Preparation	
Fiduciary		Taxation Representation	
Foreclosures (Real Estate supplement)*		Traffic	
Foreign Law		Wills*	
Guardianships		Workers Compensation Plaintiff	
High Profile Divorce (over 1MM marital assets)		Workers Compensation Defense	
Immigration/Naturalization		Other: _____	
		Total	100%

***If any, please complete applicable Area of Practice supplemental application available from your broker.**

12. During the last 12 months, has there been any change in the status of any claim(s) reported to other insurance companies? Yes No

If "Yes", complete a separate Claim / Circumstance Supplement with full details for each.

13. During the last 12 months, how many professional liability claims or suits have been made against the Applicant Firm, any firm to which the Applicant Firm is the majority successor in interest, or any past or present lawyer in the Applicant Firm? _____

Complete a separate Claim / Circumstance Supplement with full details for each.

14. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance or situation which may reasonably be expected to give rise to a professional liability claim or suit against the Applicant Firm, any firm to which the Applicant Firm is the majority successor in interest, or any past or present lawyer in the Applicant Firm? Yes No

If "Yes", complete a separate Claim / Circumstance Supplement with full details for each.

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM, SUIT, FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 13. OR 14. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.

READ CAREFULLY

The undersigned, acting on behalf of the Applicant Firm and all proposed insureds, declares that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agrees that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy, and shall be deemed attached to the Policy as if physically attached. The undersigned represents that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects the entire Applicant Firm and all proposed insureds.

The undersigned further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this Application does not bind the undersigned to purchase the insurance.

Signature of Partner, Owner, Officer or Principal _____
Date

Print or Type Name _____
Title

ALL STATES (UNLESS A STATE-SPECIFIC FRAUD WARNING APPLIES)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE-SPECIFIC

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.