



General Star National Insurance Company

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION RENEWAL

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY 10005-2863

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION:

Enclose a copy of the Applicant firm's letterhead. Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This application and all supplemental forms must be signed and dated by an active owner, officer or partner of the firm. The original copy of the signed and dated application is needed before any coverage can be bound. Return this and all supplemental applications to the Program Administrator at

Requested Effective Date: From _____ To _____
12:01 a.m. Standard Time at the street address of the Applicant

I. GENERAL INFORMATION

Applicant:			
Street Address:			
County:		St:	
Does the Applicant firm have additional office locations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details on a separate attachment.			

1. Please provide the Applicant firm's current Limit of Liability \$____/____ and Deductible \$____.
Do you wish to change the firm's Limit of Liability or Deductible for the next policy period? Yes No
If Yes, to what Limit of Liability \$____/____ and/or Deductible \$____/____?

2. a.

Staff:	Number Currently Employed	Number Who Left Firm in Past Year
Lawyers		
Paralegals		
Non-Lawyer Employees		

b. Provide total gross revenues for the Applicant firm for the past year or fiscal year period \$_____.

c. List all new Lawyers for whom the Applicant firm is seeking coverage, along with the proper designation code, who were not affiliated with the Applicant firm since the completion of the Applicant firm's last application to the Company. Note, a New Lawyers Supplemental Application is required for each lawyer.

Designation Codes: P = Partner L = Lawyer OC = Of Counsel IC = Independent Contractor

NAME	DESIGNATION CODE (If "OC" or "IC", indicate approximate hours per week worked for Named Insured)	YEAR FIRST ADMITTED TO BAR	STATES WHERE LICENSED	YEAR LAWYER JOINED APPLICANT FIRM

If firm has more than three (3) new lawyers, please list remainder by separate attachment.

II. FIRM'S PRACTICE

1. a. Practice Areas - Describe the Applicant firm's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following:

CATEGORY A		CATEGORY B		CATEGORY C ₍₁₎	
Administrative Law		Civil Rights		Admiralty	
Appellate		Foreign Law		Antitrust	
Arbitration		Government Law		Banking	
Criminal		Guardianships		Commercial Law	
Immigration		International Law		Corporate Formation	
Juvenile		Labor/Management		Lobbying	
Mediation		Municipal Law		Foreclosures	
Traffic		Title/Residential		General/Corporate Advice	
SUBTOTAL - A - %		Title/Commercial		Patent, Trademark, Copyright Litigation+	
		SUBTOTAL - B - %		Tax Preparation	
				SUBTOTAL - C₍₁₎ - %	

CATEGORY C ₍₂₎		CATEGORY D		CATEGORY E	
Litigation:		Bankruptcy		Corporate Mergers/Acquisitions +	
Plaintiff: BI/PI		Collection +		Entertainment +	
Medical Malpractice		Construction Law		Fiduciary	
"Class Action"+		Estate Planning		Investment Counseling/Money Mgt +	
"Other Litigation"		Estate/Trust/Probate/ Wills		Labor Unions +	
Defense: Insurance (Excluding Med Mal)		Family Law		Patent, Trademark, Copyright Searches +	
Medical Malpractice		Patent, Trademark, Copyright Prosecution +		Purchases or Sale by Client of Business	
"Class Action"+		Tax Opinions		Real Estate Closings/General	
"Other" BI/PI		Tax Shelters			
"Other" Litigation		Subtotal - D- %		SUBTOTAL - E- %	
SUBTOTAL - C₍₂₎- %					

CATEGORY F					
Adoptions		Oil/Gas/Mining +		Securities +	
Bonds +		Patent, Trademark, Copyright - Foreign +		Real Estate Syndication	
Environmental Law +		Real Estate Development+		Limited Partnership Formation +	
Family Law - Monied or High Profile Divorces		Savings and Loan +		SUBTOTAL - F-%	

+ Complete the appropriate supplemental application **NOTE - Total of Categories A through F must equal 100%**

2. Have there been any changes/enhancements made in the following areas of firm management and administration since the Applicant firm's last application to the Company:

- a. Docket Control / Diary System? Yes No
- b. Acceptance of New Clients / Client Screening? Yes No
- c. Conflict of Interest Avoidance System? Yes No
- d. Other? Yes No

If "Yes" to 2.a. through 2.d., please provide complete details on a separate attachment.

3. a. Has there been any new director, officer, employee or equity interest position accepted with a client since your last application to the Company? Yes No
- b. Has there been any recently acquired equity interest or changes to any existing equity interest percentages in firm clients since your last application to the Company? Yes No
- If "Yes" to 3.a. or 3.b., please complete the Outside Interest Activities Supplement.
4. Within the last year, has the Applicant firm, or any Insured, ever acted as either In House General Counsel, or as Outside General Counsel for any Publicly Owned Client? Yes No
- If "Yes", please explain in complete detail on a separate attachment.

III. CLIENT RELATIONS

1. Major Client - Did any one client (including affiliated or related clients) account for 30% or more of the Applicant firm's gross revenues during the past twelve (12) months? If Yes, please provide complete details on a separate attachment. Yes No
2. a. Suits for Fees - How many suits for collection of fees have been filed by the Applicant firm or any of its lawyers against a client in the last two years?
- b. Provide the following information on each suit for unpaid legal fees filed within the last two (2) years. Please attach separate sheet/attachment if necessary:

DATE FILED	NAME OF CLIENT	\$ AMOUNT SOUGHT	STATUS/RESULT

- c. What steps have been taken by the Applicant firm to reduce or avoid the necessity of future fee collections suits?
- d. When evaluating whether a case should be sent for collection, does the Applicant firm review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? Yes No
3. Insolvent Clients - Please respond to the following questions for any past or present client of the Applicant firm that became insolvent, bankrupt, or went into liquidation or receivership during the past year, unless the representation was solely limited to bankruptcy work:
- a. At any time, had the Applicant firm or any lawyer been corporate counsel or general counsel for the client? Yes No
- b. Was client a public company? Yes No
- c. Was client any type of financial institution, financial services company, insurance company, or investment company? If Yes, please complete the Financial Institution Supplemental Application. Yes No
- d. Did the Applicant firm provide any environmental, investment counseling, patent, real estate or securities legal service advice to the client? Yes No

If Yes to any part of Question 3, please provide complete details on a separate attachment.

IV. DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY

- 1. Since the inception date of the Applicant firm's existing coverage with the Company, does any current Insured or Lawyer proposed for insurance have any reasonable basis to believe that they have breached a professional duty or know of any act, error, omission or Personal Injury that might reasonably be expected to result in a Claim against any current Insured or Lawyer or entity proposed for insurance? If Yes, please complete a Claim Information Supplemental Application and confirm that the incident has been reported to the Company. Yes No
- 2. Since the inception date of the Applicant firm's existing coverage with the Company, has any current Insured or Lawyer proposed for insurance had a disciplinary complaint or grievance filed against them to any court, bar association, administrative agency or regulatory body, which resulted in a formal censure, reprimand or other formal action? If Yes, please provide complete details on a separate attachment. Yes No
- 3. Has there been any change to any non-General Star open incident, claim, suit or disciplinary complaint since the firm's last application to the Company? If Yes, please complete a Claim Information Supplemental Application for each matter detailing any new developments. Yes No
- 4. Since the inception date of the Applicant firm's existing coverage with the Company, has any current Insured or Lawyer proposed for insurance been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency, or regulatory body? If Yes, please provide complete details on a separate attachment. Yes No

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF THE APPLICANT FIRM'S PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, the undersigned, on behalf of the Applicant firm and all lawyers proposed for coverage, represents and agrees to each of the following five (5) items:

- 1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm lawyer is aware of any information in response to Section IV. of this Application; and
- 2. This Application, along with each of the following applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Business Related Activities Supplemental App | <input type="checkbox"/> Labor Union Supplemental Application |
| <input type="checkbox"/> Claim Information Supplemental Application(s) | <input type="checkbox"/> Limited Partnership Formation Supplemental App |
| <input type="checkbox"/> Class Action Supplemental Application | <input type="checkbox"/> New Lawyers Supplemental Application(s) |
| <input type="checkbox"/> Collection Work Supplemental Application | <input type="checkbox"/> Oil/Gas/Mining Supplemental Application |
| <input type="checkbox"/> Corporate Mergers & Acquisitions Supplemental App | <input type="checkbox"/> Outside Interest Activities Supplemental Application |
| <input type="checkbox"/> Entertainment Supplemental Application | <input type="checkbox"/> Prior Acts Ext. – Specified Lawyers at Specified Firms |
| <input type="checkbox"/> Environmental Practice Area Supplemental App | <input type="checkbox"/> Publicly Owned Clients Supplemental Application |
| <input type="checkbox"/> Financial Institution Supplemental Application | <input type="checkbox"/> Real Estate Development Supplemental App |
| <input type="checkbox"/> Intellectual Property Supplemental Application | <input type="checkbox"/> Securities Supplemental Application |
| <input type="checkbox"/> Investment Counsel/Money Mgmt Supplemental App | <input type="checkbox"/> Title Agency Supplemental Application |
| | <input type="checkbox"/> Other: _____ |

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured; and
 - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance Company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 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 agencies.

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure of the Applicant firm to report any claim, or any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm or its lawyers, to its current insurance company BEFORE expiration of its current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

NOTICE:

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

Submitting this form and/or tendering premium does not bind the applicant or the Company to complete the insurance.

An authorized representative who is an active owner, officer, or partner of the Applicant firm must sign this Application within ninety (90) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title
