

**N.A.C.D.L. CRIMINAL DEFENSE LAWYERS
PROFESSIONAL LIABILITY INSURANCE**

(Specified Member Firms of National Association of Criminal Defense Lawyers)
(Application for "Claims Made" Policy)

Applicant's Instructions:

ANSWER ALL QUESTIONS. If the answer to any question is None or Not Applicable, Please state "NO". If space is insufficient to answer any questions fully, attach a separate sheet.
Application must be **SIGNED and DATED** by owner, partner or officer.

(PLEASE PRINT OR TYPE)

1. Full Name of Insured: _____
Address: _____
City _____ State _____ Zip _____
Area Code/Phone _____ Fax# _____ E-Mail _____
Mailing Address: _____
2. Type of Business: Corporation Partnership Individual
Date Business Established: _____ Bus. Telephone Number: (_____) _____
3. Has the type of business changed in the last 5 years? Yes No
4. Has the name of Firm been changed during the past five years? Yes No
If so, please give full particulars:

5. List the names of all predecessor firms of applicant.

6. List the names of all attorneys providing professional services on behalf of the applicant.

7. List the names of all Partners, Directors, Owners, age, law school graduated from, date of admission to the Bar, and specialty. Use a separate sheet of paper if necessary.

8. List the names of all employed lawyers not listed in Question 7, their age, law school graduated from, date of admission to the Bar, and specialty. Use a separate sheet of paper if necessary.

9. Total Number of Attorneys: _____

10. State the number of: (Individual coverage is not provided for persons listed herein)

- (a) Law Clerks _____
- (b) Investigators _____
- (c) Secretarial & Office Help _____
- (d) Accountants _____
- (e) Abstractors _____
- (f) Paralegal personnel _____

11. If Applicant is sole practitioner, state:

(a) Whether you are engaged in independent private practice Yes No

(b) Does the applicant provide professional services as an attorney on behalf of any other attorney or firm? If so, please provide the name of that attorney or firm.

(c) Please provide the name of a specific attorney or firm who will be responsible for your affairs should you be absent for an extended period of time (i.e. business trip, vacation, illness, etc.) This question must be answered if you are a sole practitioner.

12. Does any lawyer named in Questions 6, 7 & 8 have any other law partner, associate, or employed lawyer other than those in Questions 6, 7 & 8? Yes No

If so, please provide full details:

13. Does any lawyer named in Questions 6, 7 & 8 share office space with any lawyer NOT NAMED in Questions 6, 7 & 8? Yes No

If so, please provide full details:

14. Describe your practice by first showing approximate amount of time devoted to the following:

- Court Appointed Criminal Defense _____ %
- Privately Retained Criminal Defense _____ %
- (a) **Total Criminal Defense** _____ %
- (b) **Total Other** _____ %
- (c) **Total Areas of Practice (a+b)** = 100 %

Describe "OTHER" below by showing percentages of time devoted to the following: (Your answer should equal the percentage shown above in 14. b)

Admiralty/Maritime _____%	**Estate/Probate/Trust _____%	Plaintiffs Litigation BI/PI _____%
Banking _____%	General Commercial _____%	Public Utilities _____%
Collection/Repossession _____%	General Corporation _____%	Real Estate (Commercial) _____%
Communication (FCC) _____%	International Law _____%	Real Estate (Residential) _____%
Defendants Litigation Civil _____%	Oil and Gas _____%	S.E.C. Law and/or Regulations _____%
Domestic Relations _____%	Patents, Copyrights, TM _____%	**Taxation _____%
**Estate Planning _____%	Plaintiffs Litigation _____%	

Other (please specify and describe fully): _____%

** If your type of work includes Estate Planning, Estate/Probate/Trust or Taxation, then please complete the Supplemental Tax Questionnaire.

15. Give details of legal work performed in a fiduciary capacity by the firm or any individual lawyer during the past three years:

16. Is the applicant currently insured under a Claims Made professional liability policy? Yes No

17. How long has the applicant maintained continuous claims made insurance coverage? _____

18. Please give full particulars of all similar insurances carried during the past five years:

Insurer	Premium	Limits of Liability	Deductible	Period	Claims Made or Occurrence Form

19. Has any professional liability insurance for the applicant, present Partner or predecessors or any lawyer in the firm ever been declined or cancelled, refused to be renewed? Yes No
If so, please give full details:

20. After inquiry of each lawyer in the firm, has any lawyer in the firm ever been reprimanded by, or refused admission to practice, disbarred, or suspended from practice before any court or administrative agency or been subject to disciplinary actions? Yes No
If so, please give full details:

21. After inquiry of each lawyer in the firm, have any claims or suits ever been made against any lawyer in the firm, or their predecessors in business? Yes No
If so, please give full details:

22. After inquiry of each lawyer in the firm, does any lawyer in the firm know of any circumstances, act, error, omission or personal injury that could result in any claim being made against him/her or, their (his/her) predecessors in business or any of the present or past partners? Yes No
If so, please give full details:

23. DOCKET CONTROL - (Calendars, Tickler Systems, etc.) On a separate sheet of paper, please provide details of system, including explanation of date controls used in your office and who has responsibility for entry of items assigned.

24. Applicants approximate gross billable dollars for the past 12 months are:

- Under \$50,000
- \$50,000 to \$100,000
- \$100,000 to \$150,000
- \$150,000 to \$250,000
- \$250,000 to \$500,000
- \$500,000 to \$1,000,000
- \$1,000,000 & over

25. Does Applicant's practice also involve acting in the capacity of any of the following? Yes No

If yes, indicate the percent of practice devoted to each and whether separate professional liability insurance is carried for this work:

- (a) Insurance agent or broker _____
- (b) Accountant _____
- (c) Real Estate agent or broker _____
- (d) Title abstractor _____
- (e) Title agent _____

26. Is the applicant or any Partner or Lawyer of the Firm a salaried employee, partner, officer, director or owner of any organization other than the Firm? Yes No
If so, please give full details:

27. Please provide the following information:

- | | |
|---|---------------------|
| | INSURANCE REQUESTED |
| (a) Limits of Liability requested | \$ _____ |
| (b) Deductible requested | \$ _____ |
| (c) Retroactive Date of Current Policy:* | _____ |
| (d) Proposed effective date for this insurance: | _____ |

Retroactive Date: You may request the same Retroactive Date that is on your present policy if you have had continuous "claims made" coverage since that date. If you are not currently covered by a "claims made" Lawyers Professional Liability Insurance Policy, then your Retroactive Date will be at Inception, which means no coverage will be afforded for any acts, errors or omissions committed, in whole or in part, prior to the Inception Date of any policy issued by Underwriters.

28. Are you a member of the National Association of Criminal Defense Lawyers? Yes No

NOTICE TO APPLICANT:

WARRANT: I/We warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Underwriters evidence their acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Underwriters.

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, he will be required to be defended by the Underwriters' appointed lawyers, and that the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs, and legal fees. If the applicant elects to handle a claim without in any way involving the Underwriter, then no coverage for such claim is afforded the applicant under the policy.

I understand and accept that the policy applied for provides coverage on a **CLAIMS MADE** basis for **ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE** and that coverage ceases with the termination of policy unless I exercise options available and in accordance with terms of the policy.

Signature of Applicant ** _____

Title _____

Date _____

**** SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE. Application MUST be SIGNED to be considered for quotation.**

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the applicant or a partner of the Firm. One signed copy will be attached to and form part of the Policy or Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Firm or the Underwriters to complete the insurance.

Return completed application and **sample of applicant's letterhead** to:

NACDL Insurance Services
 c/o Complete Equity Markets, Inc.
 In CA. dba Complete Equity Markets
 Insurance Agency, Inc. (CASL#0D44077)
 1190 Flex Court Lake Zurich, IL 60047
 Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444



SUPPLEMENTAL TAX QUESTIONNAIRE

If your type of work includes Estate Planning, Estate/Probate/Trust or Taxation you MUST complete this form.

- (1) Has the applicant rendered legal opinions regarding the legality, appropriateness or efficacy of any tax benefit transactions, tax treatment, tax strategy or tax shelters within the past five years? Yes No
- (2) If the answer to question (1) is yes, has the applicant made a determination as to whether any of the transactions that are the subject of such opinions constitute listed or reportable transactions within the meaning of Sections 6011 or 6112 of the Internal Revenue Code? Yes No
- (3) If the answer to question (1) is yes, were the fees or other compensation charged or received by the applicant in connection with any such opinion based solely upon its customary hourly rates for legal services? If not, please describe the manner in which the fees or other compensation charged or received by the applicant in connection with any such opinion were calculated. Yes No
- (4) Is the applicant aware of whether the IRS, US Treasury Department or any state or local taxing authorities have released any notices, opinions, announcements, regulations or revenue rulings, or any other published guidance, regardless of form, in the past five years, in which they question, change, prohibit or negatively discuss a tax treatment or strategy that formed the basis for the applicant's opinion to a client or clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No
- (5) Within the past five years, has the applicant discontinued the issuance of or withdrawn an opinion or opinions on a tax treatment or strategy following the release of any notices, opinions, announcements, regulations or revenue rulings by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation. Yes No
- (6) Within the past five years, has the applicant issued tax opinions on tax treatments or strategies, where similar or related tax treatments or strategies previously have been questioned or prohibited by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation. Yes No
- (7) Within the past five years, has the applicant received a subpoena or other request for information (including but not limited to an administrative summons or promoter summons), whether formal or informal, from the IRS, US Treasury Department or any state or local taxing authority in connection with the applicant's role in any tax benefit transactions, tax treatment or tax strategy implemented by or on behalf of any of its clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No
- (8) Within the past 5 years has the applicant referred any client to any other professional entity to provide any services that are referred to in this Questionnaire? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation. Yes No

If you answered YES to any question, please attach separate page with explanations.

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE
AIF 2651 (08/05)

Complete Equity Markets, Inc.
In CA. dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court Lake Zurich, IL 60047
Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444

Data Security Breach and Client Network Infection Questionnaire

1. Does the applicant provide remote access to its internal networks and computer systems? Yes No

If YES, please provide details including how remote access is restricted? Use a separate attachment if necessary.

2. Are there formalized security policies for anyone with direct or remote access to your hard wired or wireless network or paper files and records? Yes No

3. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business? Yes No

4. Does applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No

5. Does applicant use firewall protection and anti-virus systems to prevent unauthorized access to internal networks and computer systems? Yes No

6. How does applicant limit access to its internal networks, computer systems and electronic devices (i.e. passwords, encryption or both)?

7. How does applicant ensure sensitive data is permanently removed before any computer equipment or paper file is discarded?

8. Does applicant accept payment by credit card? Yes No

If YES, is that information stored on your network? Yes No

9. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No

10. Does confidential data ever leave the applicant's premises by way of paper or electronic format? Yes No
(This includes any outsourced data handling/data processing / offsite storage)
If YES, please provide details. Use a separate attachment if necessary.

11. Has the applicant had any incidents, claims, suits or complaints involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

12. Is the applicant aware of any incident which could give rise to a claim, suit or complaint involving unauthorized access, breach, misuse or compromise of any system of maintaining storage of confidential client or employee information? Yes No

If YES, please provide details. Use a separate attachment if necessary.

13. Please provide below the approximate number of computer and paper records (in office and in storage) kept regarding individuals:
(One client or personnel/staff equals one record)

Own Personnel/Staff paper record:- _____ Own Personnel/Staff electronic record:- _____
Clients/Other paper record:- _____ Clients/Other electronic record:- _____

I/We have not suppressed or misstated any material facts.

I/We agree that this application shall be the basis of the contract with the insurers.

Signing this application does not bind the applicant or the Insurers to complete the insurance, but it is agreed that this application shall be the basis thereof.

Applicant: _____ **Title:** _____
Applicant's Signature: _____ **Date:** _____

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