

INSTRUCTIONS

LAWYERS PROFESSIONAL LIABILITY INSURANCE

1. Answer ALL questions and submit copies of all information where requested. Incomplete applications will result in a delay in obtaining a quotation. NO MEMBERSHIP DUES ARE REQUIRED.
2. A COPY OF THE CURRENT CLIENT ELIGIBILITY GUIDELINES MUST BE SUBMITTED WITH THE APPLICATION.
3. In responding to Question #13, list the current and projected staff of your organization and indicate the title of each individual (i.e. executive director, lawyer, volunteer attorney, managing attorney, staff attorney, law student, paralegal, etc.). The executive director position must be listed regardless of whether that individual is an attorney. Projected positions should be indicated by using the term "To Be Filled". This is important to ensure that you are provided with an accurate premium quotation. PLEASE NOTE THAT A REDUCTION OF PERSONNEL WILL NOT RESULT IN RETURN OF PRO RATA PREMIUM DURING THE POLICY YEAR.
4. If you need to clarify any of the answers to any question, please attach an addendum.
5. If you answer "Yes" to Question #9 of Section I, please be certain to fill out the Pro Bono Section.
6. If you answer "Yes" to Question #9 of Section III, please be sure to attach descriptions.
7. Please make sure the application is signed (ORIGINAL SIGNATURE) and dated.
8. Please return the application to:

Complete Equity Markets, Inc.
1190 Flex Court
Lake Zurich, IL 60047
(800) 323-6234 or (847) 541-0900

UNDERWRITERS REQUIRE A MINIMUM OF 14 DAYS TO REVIEW AND QUOTE ASSUMING ALL REQUIRED INFORMATION FOR QUOTING HAS BEEN SUPPLIED.

(108*53)New

Renewal Application for
LAWYERS PROFESSIONAL LIABILITY INSURANCE
(This policy does not cover Private Law Practice)
This is an application for Claims Made Insurance.

SECTION I

1. Name of Organization: _____
Date Organization Established _____ Phone (____) _____

Physical Address _____

City _____ County _____ State _____ Zip Code _____
Fax (____) _____ Email Address _____
Mailing Address _____
2. List Branch Offices and Addresses, if any:
A. _____
B. _____
C. _____
3. List Subsidiary Offices and Addresses, if any:
A. _____
B. _____
C. _____
4. Type of Organization (Describe the purpose, general operations and functions of your Organization - if your Organization is strictly a pro bono or judicare Organization, please describe your operations under Question 9 below). (Send separate correspondence, if necessary.)

5. Total number of cases and/or files handled or processed annually. _____
(An estimate may be used if an accurate count is not available.)
6. Does the Organization accept cases for clients who are not indigent and whose incomes are above the national poverty level?
(Written guidelines for client eligibility MUST be provided.) Yes No
7. If fees for services have been established by your Organization, please specify the type of case and the maximum fee charge presently used for each type of case (excluding registration fees and court costs). If no fees are charged, insert "Not Applicable".

8. Does your Organization provide services other than legal (social, medical, recreational or other)?
If YES, please send written explanation. Yes No
9. Does your organization utilize the services of attorneys outside of your Organization on a pro bono, judicare or contract basis? If YES, please respond to the questions below. Yes No
- (a) Screening and referral is performed by: _____
- (b) Types of matters referred: _____
- (c) Number of pro bono/judicare panel attorneys: _____
Number of pro bono/judicare cases referred annually: _____
Number of attorneys accepting reduced-fee referrals (fee paid by client): _____
Number of reduced-fee referrals annually (send fee schedule): _____
Number of contract attorneys: _____
Number of cases handled on a contract basis: _____
- (d) Does your organization check to see if the participating attorneys are admitted to practice law in your state? Yes No
- (e) Does your organization check to see if the participating attorneys have had any legal malpractice or disciplinary complaints filed against them? Yes No
- (f) Does your organization inform the client and the participating attorney of the terms and conditions of the referral (e.g. the termination of representation by your organization)? Yes No
- (g) Please describe your organization's monitoring and follow-up procedures (Send separate correspondence)
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PRO BONO ENDORSEMENT COVERAGE

If you answered YES, you can extend coverage for your organization and your outside attorneys. Please select one of the endorsement options below, and your quotations will **include** the premium for the endorsement you select.

- Check here for same as your expiring policy.**

Coverage For Attorneys and Case Referrals

- STANDARD PRO BONO/JUDICARE FOR ATTORNEYS AND CASES:** Provides coverage to your organization for the referral of legal aid eligible clients/cases to participating pro bono/judicare/contract attorneys. Coverage A will also extend to the participating attorneys handling the pro bono/judicare cases referred by your organization. This coverage is **secondary** to any other valid and collectible insurance available to such attorneys.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS ONLY:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto.
- PRIMARY PRO BONO/JUDICARE FOR ATTORNEYS AND THEIR EMPLOYER FIRMS:** The same as Standard above except that the coverage would be considered **Primary** and all other insurance would be considered in excess thereto. In addition, the coverage would extend to any law firm, corporation, or other organization which an attorney accepting a case is an employee or member of. Coverage for the employer firm would be limited solely with respect to liability arising from the participation of the attorney in the pro bono/judicare program.

Coverage for Referral Only

- REFERRALS ONLY COVERAGE:** Provides your organization with coverage for referral of eligible clients to a pro bono/judicare program outside of your organization. There is no coverage for any attorney accepting the referral.
- We do not wish to carry any pro bono endorsement.

10. Describe your Organization's practice of law by showing approximate percentages of cases involving the following:

(Total should equal 100%)

Divorce/Family Law	_____ %	Labor	_____ %
Real Estate	_____ %	Environmental Law	_____ %
Bankruptcy	_____ %	Immigration	_____ %
Landlord/Tenant	_____ %	Housing Law	_____ %
Wills/Estate Work	_____ %	Bonding Issues (and related work)	_____ %
Public Benefits Law		Advocacy for Developmentally and/or	
(Social Sec., Unemployment		Mentally Disabled Persons	_____ %
Comp., Workmen's Comp.,		Child/Spouse Abuse	_____ %
Medicare)	_____ %	Services to farmers regarding creation,	
Guardianships	_____ %	adjustment, restructuring or discharge	
Criminal	_____ %	of indebtedness secured by farm real	
Juvenile	_____ %	estate or crops	_____ %
Corporate	_____ %	Other (Please Specify)	
Bodily/Personal Injury		_____	_____ %
Plaintiff	_____ %	_____	_____ %
Defendant	_____ %	_____	_____ %

11. Does your Organization provide legal services to groups, corporations or associations? Yes No
 If YES, please provide detailed description (types of groups/corporations/associations, specific legal services provided, etc.) (Send separate correspondence, if necessary)

12. If you have answered YES to Question 11, please indicate whether the group, corporation or association is primarily composed of persons eligible for legal aid services and whether such group, corporation or association has provided information showing it lacks and has no practical means of obtaining funds to retain private counsel.

13. Attorney/Staff Information

Please indicate position after the name of each individual listed and whether the individual is salaried or volunteer and part-time or full-time. Please also indicate if any of the individuals listed below are located in states other than where the main office is located.

LAWYERS

LAW STUDENTS/PARAPROFESSIONALS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. Is your organization an ACLU that utilizes the services of cooperating volunteer attorneys outside of your organization? Yes No

If YES, please advise maximum number of such attorneys _____ and maximum number of cases handled _____.

15. Does your organization permit attorneys to engage in uncompensated outside practice of law as defined in the Legal Services Corporation regulations? Yes No

16. In the last 5 years, has any claim, suit, charge, investigation or proceeding been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization? If yes, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all pertinent details (Send separate correspondence, if necessary). Yes No

If all claims have been reported per the terms and conditions of the policy of insurance, it is not necessary for you to supply details.

17. Does the organization or any person providing professional services on its behalf know of any circumstance, act, error, omission or injury that could result in a claim, suit, charge, investigation or proceeding against the Organization or any Lawyer or other person providing professional services on behalf of the Organization? Yes No

If YES, please provide the name of the Lawyer or other person involved and all other pertinent details (Send separate correspondence, if necessary).

SECTION II - DATE, CALENDAR OR DOCKET CONTROL AND INTERNAL PROCEDURES

Since your last application for this insurance, has your organization changed, updated or modified any of its procedures

- a. for maintaining calendars or dockets? Yes No
- b. in addressing complaints of clients? Yes No
- c. in identifying, avoiding or disclosing potential or actual conflicts of interest? Yes No
- d. in notifying clients when services are completed? Yes No
- e. in notifying clients or prospective clients when you decline to represent them? Yes No

If YES to any of the above, please explain _____

SECTION III

1. What constitutes the management of the Organization? (Trustees, Directors' Committee, Titles of Officers, etc.)
2. How is Management selected?
3. Number of officers and/or directors (including Executive Director) Salaried Non-Salaried
_____ _____
4. Is the Organization a Not-for-Profit corporation chartered in its state of domicile? Yes No
 If NO, Please explain its status. _____
5. Is the Organization directly in the insurance agency or brokerage business in any way? Yes No
 If YES, please explain. _____
6. Is your Organization unionized? Yes No
7. Does your organization have an internal grievance procedure to address complaints by employees? Yes No
If YES, please send a description.
8. Does the Organization publish any publication for limited or general distribution? Yes No

If YES, please provide a listing of each publication, its purpose, general content, frequency of publication and amount published (Send separate correspondence, if necessary). State the name of the officer or employee who reviews each publication prior to its distribution.

9. Does the Organization sponsor any private or public meetings or conventions? Yes No
If YES, state number and frequency. _____

10. Total Annual budget (all sources) Year 20 _____
LSC (Legal Services Corporation) Budget _____
IOLTA _____
Title XX _____
United Way _____
Older Americans Act _____
Other Sources* _____
= TOTAL BUDGET _____
*Please identify other funding sources

Cyber Liability Section – OPTIONAL

1. 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
2. Does applicant use intrusion detection software, firewall protection and anti-virus systems to detect/prevent unauthorized access to internal networks and computer systems? Yes No
3. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No
4. Has the Applicant given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured, or do they know of specific facts or circumstances which may give or have given rise to a Claim? Yes No

If Yes, please give full particulars (send separate correspondence if necessary):

IMPORTANT!

In the event that a claim or claims or any circumstance, act, error, omission or injury that could result in a claim against the Organization or the persons named in this application have been reported to Underwriters or disclosed on this application, or if the Organization charges fees for its services, or if the Organization does not utilize income eligibility guidelines for clients, Underwriters reserve the right to individually rate insurance for the above Organization.

It is understood that the insurance applied for will issue on the date premium is received or as agreed. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/We have not suppressed or misstated any material facts and this application shall be the basis of the contract with Underwriters.

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.

Date _____

Name of person completing application

Return **signed** and **dated** application to:

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

Signature

Title