

**APPLICATION FOR  
LIMITED PRACTICE LAWYERS PROFESSIONAL LIABILITY AND COMERCIAL GENERAL LIABILITY INSURANCE  
(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)**

NOTICE TO APPLICANT:

- (1) It is a requirement of this insurance that the Applicant has either a full-time employer(s), and/or a mediation/arbitration practice, and/or is retired, and/or is a homemaker. If you do not meet one of these requirements in some capacity other than your own private practice, then this insurance is not applicable.
- (2) There is no coverage whatsoever for any legal work performed by the Assured for his/her employer(s).

APPLICANT'S INSTRUCTIONS:

- (1) ANSWER ALL QUESTIONS. If the answer to any question is None or Not Applicable, please state "NONE" or "NOT APPLICABLE".
- (2) If space is insufficient to answer any questions fully, send a separate correspondence.
- (3) Application must be **SIGNED** and **DATED** by the Named Applicant.
- (4) **PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.**

1. Name of Applicant (Mr. Ms. Dr.): \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address City State Zip

Form of Practice:  Sole Proprietor  Partnership  Corporation Date Practice Established: \_\_\_\_\_

Employed  Yes  No Mediator  Yes  No Retired  Yes  No Homemaker  Yes  No

States and respective dates of Admission to Bar: \_\_\_\_\_

Law School Graduated from: \_\_\_\_\_

2. Would you like your Limited Practice Lawyers premium quote to include coverage for Arbitration/Mediation?  Yes  No

If yes, please provide name of mediation practice and list all mediators/arbitrators/hearing officers that require coverage:

\_\_\_\_\_  
\_\_\_\_\_

3. Total number of Mediation cases you expect to handle in the next 12 months: \_\_\_\_\_

4. State GROSS INCOME derived from your Mediation Practice over the past 12 months: \_\_\_\_\_

5. Describe your activities as an Arbitrator/Mediator (including Facilitation, Training, Custody Evaluation, Guardian Ad Litem, Counseling, etc.)

\_\_\_\_\_  
\_\_\_\_\_

6. a) Name of Employer: \_\_\_\_\_

b) Address of Employer: \_\_\_\_\_

c) Nature of Employer's Business: \_\_\_\_\_

d) Nature of Applicant's Employment: \_\_\_\_\_

e) Number of hours per week Applicant is so employed: \_\_\_\_\_

f) Annual salary Applicant receives for this employment:

0 - \$20,000  \$20,001 - \$40,000  \$40,001 - \$60,000  Over \$60,000

7. Do you have any clerical, secretarial or other assistance in your Limited Private Practice?  Yes  No

If "yes", describe: \_\_\_\_\_

8. Do your employers acknowledge your Limited Lawyers Private Practice?  Yes  No

9. State the number of cases handled annually in Limited Private Practice for past three years:

a) Year: \_\_\_\_\_ Cases: \_\_\_\_\_ b) Year: \_\_\_\_\_ Cases: \_\_\_\_\_ c) Year: \_\_\_\_\_ Cases: \_\_\_\_\_

10. a) What Percentage of your work is performed for high net worth (2+Million) Individuals? \_\_\_\_\_
- b) Total number of Litigation cases you expect to handle in the next 12 months: \_\_\_\_\_
- c) Total number of Non-Litigation cases you expect to handle in the next 12 months: \_\_\_\_\_
- d) How many of the cases that you are currently handling do you expect to require more than 12 months to resolve? \_\_\_\_\_  
Please provide details of these cases (i.e., type of case, estimated settlement date, estimated fees to be derived from each case, etc.):  
\_\_\_\_\_
- e) State GROSS INCOME derived from your Limited Private Practice over the past 12 months: \_\_\_\_\_
- f) State the approximate number of hours per week devoted to your Limited Private Practice: \_\_\_\_\_
- g) Please state percentage of income in Limited Private Practice derived from:  
a) Friends and Relatives: \_\_\_\_\_%; b) Acquaintances: \_\_\_\_\_%; c) Other: \_\_\_\_\_%

11. Please describe your diary system fully: \_\_\_\_\_  
\_\_\_\_\_

12. Describe your practice by showing the approximate amount of time involving the following. The total should equal 100%.

<b>Abstracting or Title Work</b>	_____ %	<b>Entertainment</b>	_____ %*	<b>Labor Relations</b>	_____ %*
<b>Admiralty/Maritime</b>	_____ %*	<b>Estate Planning</b>	_____ %***	<b>Oil &amp; Gas</b>	_____ %**
<b>Banking</b>	_____ %*	<b>Estate/Probate/Trust</b>	_____ %***	<b>Patents, Copyrights, TM</b>	_____ %*
<b>Collection/Repossession</b>	_____ %*	<b>Foreign Practice</b>	_____ %*	<b>Plaintiffs Litigation</b>	_____ %
<b>Communication (FCC)</b>	_____ %*	<b>General Commercial</b>	_____ %	<b>Public Utilities</b>	_____ %**
<b>Criminal Defense/Appeals</b>	_____ %	<b>General Corporation</b>	_____ %	<b>Real Estate (Comm/Res)</b>	_____ %
<b>Defendants Litigation Civil</b>	_____ %	<b>Guardian Ad Litem</b>	_____ %	<b>S.E.C. Law and/or Regulations</b>	_____ %**
<b>Domestic Relations</b>	_____ %	<b>International Law</b>	_____ %*	<b>Taxation</b>	_____ %***

Other (please specify and describe fully): \_\_\_\_\_ % \_\_\_\_\_

\* NOTE: PLEASE PROVIDE FULL DETAILS OF ANY WORK PERFORMED IN THESE AREAS OF LAW.  
 \*\* NOTE: ANY PRACTICE INVOLVING THESE AREAS OF LAW IS SPECIFICALLY EXCLUDED UNDER THE TERMS OF THE POLICY OF INSURANCE.  
 \*\*\* If your type of work includes Estate Planning, Estate/Probate/Trust or Taxation, then please complete the Supplemental Tax Questionnaire.

13. Underwriters require that you make formal arrangements with another attorney to handle your Limited Private Practice in the event of your unforeseen absence due to accident, illness, etc. Please provide the **NAME** and **ADDRESS** of this attorney:  
\_\_\_\_\_

14. a) In your Limited Private Practice, do you ever accept matters which may require your appearance in court?  Yes  No
- b) If "yes", can you guarantee your employer will allow you the necessary time off to do so?  Yes  No
- c) If your employer will not allow the necessary time off, please explain how you handle the situation:  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you act in a Fiduciary Capacity as a trustee for a trust, executor for a will or similar capacity?  Yes  No

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

Insurer	Policy No.	Limits of Liability	Deductible	Period	Claims made or Occurrence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. Has any similar insurance for the Applicant ever been declined or cancelled?  Yes  No  
 If "yes", please give full particulars: \_\_\_\_\_  
 \_\_\_\_\_
18. Have you ever been reprimanded by, refused admission to practice, disbarred or suspended from practice before any court or administrative agency?  Yes  No  
 If "yes", please give full particulars: \_\_\_\_\_  
 \_\_\_\_\_
19. Have any Professional Liability \ General Liability claims or suits been made during the past five years against the Applicant or is the Applicant aware of any circumstance, act, error, omission or injury or occurrence that could result in any claim being made against the Applicant?  Yes  No  
 If "yes", please give full particulars: \_\_\_\_\_  
 \_\_\_\_\_
20. 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: \_\_\_\_\_  
 \_\_\_\_\_
21. How many suits for collection of fees have been filed by the Applicant during the past two years? \_\_\_\_\_
22. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients:  
 Monthly Billing for All Clients  Retainers for all new Clients  Other (explain)  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Please check appropriate box(es) for limits of liability you require.  
 Each Claim  \$100,000  \$250,000  \$500,000  \$1,000,000 Other \_\_\_\_\_  
 What deductible are you prepared to carry?  \$1,000  \$2,500  \$5,000
23. 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
24. 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
25. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties?  Yes  No

**NOTICE TO APPLICANT:**

I/We declare that the information contained herein is true and that it shall be the basis of the insurance and deemed incorporated therein, should the Underwriters evidence its acceptance of this application by issuance of coverage. 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, the Applicant 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 Underwriters, then no coverage for such claim is afforded the Applicant under the insurance.

**IMPORTANT:** Underwriters reserve the right to individually rate insurance for the above Applicant based upon the Applicant's experience.

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

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.

Named Applicant: \_\_\_\_\_

Signature \* : \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

*Complete Equity Markets, Inc.  
In California dba Complete Equity Markets Insurance Agency, Inc.  
1190 Flex Court, Lake Zurich, IL 60047  
Toll-Free (800) 323-6234 or In Illinois (847) 541-0900 \* FAX (847) 541-0444*

CEMSN 1956 A (05/21)

**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

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.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

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

\_\_\_\_\_  
DATE