

**Proposal Form**

**Employed Lawyers Professional Liability Insurance**

**CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Insured Entity. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of **Named Insured**

Street Address

Suite

City

County

State

Zip Code

Website Address (if applicable)

Federal Employer Identification Number (FEIN)

The person designated as agent of the **Insured Entity** and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name

Title

E-mail Address

Telephone Number

Fax Number

**Producer Information**

Submitted by (Agency Name)

Dated

Agent's Name (Individual's Name)

Agent's License Number

**Coverage Desired**

Limit Requested: \$ \_\_\_\_\_

Deductible Requested: \$ \_\_\_\_\_

**Current Insurance Information**

1. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state.

Type of Policy	Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
Employed Lawyers Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Directors and Officers Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Employment Practices Liability: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____
Errors and Omissions: <input type="checkbox"/> None	_____	_____	\$ _____	\$ _____	\$ _____

2. Within the last 5 years, has any **Insured** ever had an insurer decline, cancel, refuse to renew, rescind, or accept only on special terms, any Employed Lawyers Professional Liability, Directors and Officers Liability, Employment Practices Liability, or similar management liability insurance or Errors and Omissions insurance?

(NOT APPLICABLE IN MISSOURI)  Yes  No

If "Yes", provide details. \_\_\_\_\_

3. Within the last 5 years, has any **Insured**, ever purchased an Extended Reporting Period (or Discovery Period) under any prior Employed Lawyers Professional Liability insurance policy?

Yes  No

If "Yes", provide details. \_\_\_\_\_

4. Indicate the retroactive date (Mo/Day/Yr) of the current Employed Lawyers Liability Insurance Policy: \_\_\_\_\_

If "None", so state  None

**General Information**

5. Form of ownership:  Publicly Held  Privately Held  Nonprofit  
**If the Named Insured or any Subsidiary is publicly held or a public reporting company under the Securities Exchange Act of 1934, complete the Public Company Supplemental Form ELP 7620**
6. The **Named Insured** has been in continuous operation since: \_\_\_\_\_
7. Describe the **Insured Entity's** nature of operations: \_\_\_\_\_
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8. Indicate the total number of attorneys for the **Insured Entity** by designation:  
**In-House Attorneys:** \_\_\_\_\_ **Part-Time Attorneys:** \_\_\_\_\_ **Independent Contractors:** \_\_\_\_\_
9. Do all **In-House Attorneys** have a minimum of 5 years of experience in the practice of law?  Yes  No
10. Provide the following financial information with respect to the **Insured Entity**: Period Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Total Assets (000): \$ \_\_\_\_\_ Total Liabilities (000): \$ \_\_\_\_\_ Revenues (000): \$ \_\_\_\_\_  
 Current Assets(000): \$ \_\_\_\_\_ Current Liabilities (000): \$ \_\_\_\_\_ Net Income / Loss (000): \$ \_\_\_\_\_  
 Nonprofit Organizations only - Fund Balance (000): \$ \_\_\_\_\_

**If limits greater than \$1,000,000 are requested then provide most recent annual financial statement (audited, if available).**

11. (a) Is the **Insured Entity** currently in bankruptcy?  Yes  No  
 (b) Within the next 12 months, is the **Insured Entity** contemplating filing a petition for protection under the bankruptcy code?  Yes  No
12. Within the last 2 years, has the **Insured Entity** been involved in, or is it presently considering, any sale of its stock (in excess of 10 percent of the total stock outstanding), repurchase of its stock, merger, consolidation, acquisition, tender offer, private placement, or divestment? If "Yes", complete (a), (b) and (c) below:  Yes  No
- (a) Is this with respect to a Registration Statement for a public offering of securities within the next 12 months?  Yes  No  
 If "Yes", attach the prospectus including all amendments thereto, or describe below if prospectus is unavailable.  
 \_\_\_\_\_
- (b) Is this with respect to funds being generated by venture capital or private placement funding?  Yes  No  
 If "Yes", describe: \_\_\_\_\_  
 \_\_\_\_\_
- (c) If "No", for (a) and (b) above, provide the following details below: Description of referenced transaction; date or anticipated date of transaction; and any other appropriate details. \_\_\_\_\_  
 \_\_\_\_\_

**Nature of Services Information**

13. Indicate the percentage of work performed by the **Insured Persons** in each area listed below:
- | <u>Area of Practice</u>               | <u>%</u> | <u>Area of Practice</u> | <u>%</u>    |
|---------------------------------------|----------|-------------------------|-------------|
| Collection / Repossession             | _____ %  | Labor Relations         | _____ %     |
| Contract Drafting / Review / Approval | _____ %  | Litigation              | _____ %     |
| Corporate Finance                     | _____ %  | Regulatory Compliance   | _____ %     |
| Corporate Transactional               | _____ %  | Real Estate Law         | _____ %     |
| Environmental Law / Compliance        | _____ %  | Securities Law          | _____ %     |
| ERISA / Employee Benefits             | _____ %  | Tax Law                 | _____ %     |
| Immigration Law                       | _____ %  | Utility Regulation      | _____ %     |
| Intellectual Property                 | _____ %  | Other (list): _____     | _____ %     |
| International Law                     | _____ %  |                         |             |
|                                       |          | <b>TOTAL:</b>           | <b>100%</b> |
14. Does the **Insured** foresee any major changes in the percentages shown in Question 13. for the current fiscal year? If "Yes", provide details.  Yes  No
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15. Does any **Insured Person** issue written legal opinions to, or for the use of:  
 (a) the Board of Directors or Board of Trustees?  Yes  No  
 (b) entities other than the **Insured Entity** in which the **Insured Entity** has an equity interest?  Yes  No  
 (c) any third-parties?  Yes  No  
 (d) other (list): \_\_\_\_\_  Yes  No
16. Does any **Insured Person** serve on a due diligence committee or perform **Legal Services** in connection with any of the **Insured Entity's** mergers, acquisitions or consolidations?  Yes  No

17. Does any **Insured Person** appear in court for the **Insured Entity** or other parties in the course of their employment with the **Insured Entity**?  Yes  No
18. Does any **Insured Person** provide **Moonlighting Services** and/or **Pro Bono Services** in the area(s) of:  
 (a) criminal, matrimonial or intellectual property law or estate / financial planning?  Yes  No  
 (b) other(list): \_\_\_\_\_  Yes  No

**Litigation and Claim Information**

19. Has any **Insured** been charged with a violation of any federal, state, or foreign securities law, rule or regulation in any court or by any civil, criminal, administrative or regulatory agency?  Yes  No  
 If "Yes", provide details. \_\_\_\_\_
- 
20. Has any **Insured Person** ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency?  Yes  No  
 If "Yes", provide details. \_\_\_\_\_
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21. During the last 5 years, has any **Insured** been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demand for monetary or non-monetary relief?  Yes  No
22. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a Claim?  Yes  No

**IF "YES" TO QUESTIONS 21. OR 22., PROVIDE FULL DETAILS ON THE CLAIM / INCIDENT SUPPLEMENTAL FORM (ELP 37610).**

**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR COSTS OF DEFENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 21. OR 22.**

**Please Read Carefully**

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations, provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insured Person** shall be imputed to any other **Insured Person**. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this Policy shall not apply as to that person or persons;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

\_\_\_\_\_  
 Dated President, Chief Executive Officer or General Counsel (Signature)

\_\_\_\_\_  
 Title President, Chief Executive Officer or General Counsel (Print Name)

This Berkley Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

Please submit this Proposal Form including appropriate documentation to:  
 Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 MEXICO, 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 APPLICANTS OF KENTUCKY:** 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 APPLICANTS OF MINNESOTA, NEW JERSEY, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE, MASSACHUSETTS, 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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**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 APPLICANTS OF FLORIDA:** 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 ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND 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 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.