



HAMILTON

LAWYERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

APPLICANT INFORMATION

Table with 2 columns: Label (Current Hamilton Policy Number, Legal Name of the Applicant, Mailing Address) and Input field.

Please provide information regarding any changes to ownership, affiliated entities or other material changes since the inception of the last policy.

GENERAL INFORMATION

1. Complete the following for all of the firm’s lawyers, independent contractor lawyers and “Of Counsel” lawyers:

Table with 4 columns: Lawyer Name, Designation Code*, Date Admitted to Bar, Date Attorney Joined the Firm.

Use a blank page if needed to list additional attorneys

*Designation Code

Legend table for Designation Codes: O (Officers, Directors, or Shareholders...), S (Sole Proprietors), I (Independent Contractors), P (Partners of Partnership), C (“Of Counsel” Lawyers), E (Employed Lawyers).

2. Provide the total number of employees and/or support staff utilized:

3. Provide the total Gross Billings for the:			
Past 12 months:	\$	Projected next 12 months:	\$

4. For the past 12 months, or for the next 12 months, do any of the firm's clients account for 25% or more of the gross billings? If yes, please provide:			Yes	No
Client	Percentage:	Services provided:		
	%			
	%			

5. Please provide details on any changes to the firm's risk management controls, systems or procedures:		
Docket Control	Conflict of interest systems	Client intake procedure
Use of engagement letters	Use of non-engagement letters	Delinquent fee collection procedures

6. How many suits for the collection of fees have been filed in the last 12 months?			
How many of these suits have been resolved?		How many are still open?	
What is the average amount sought?	\$	Largest amount sought?	\$

7. Practice Areas (A + B + C + D must equal 100%):			
A		C	
Admiralty - defense	%	Collections*	%
Bankruptcy	%	Entertainment, sports, or celebrity*	%
Criminal	%	Oil, gas or mining	%
Defense of personal injury & workers compensation	%	Patent, copyright or trademark*	%
Immigration	%	Plaintiff's rep in litigation*	%
Mediation	%	Taxation – personal or corporate	%
Wills, estate planning, probate	%	Title/Abstracting	%
Family & Domestic Law	%	Subtotal (C):	%
Subtotal (A):	%		
B		D	
Admiralty – other than defense	%	Banking, savings & loan, or other financial institution services	%
Corporation formation/alteration (non-SEC related)	%	Bonds, commercial paper, limited partnerships, or state/federal securities, both exempt & non-exempt	%

Environmental	%	Real Estate – Commercial*	%
ERISA or Employee Benefits	%	Real Estate – Residential*	%
Investment counseling or money management	%	Real Estate development and/or syndication/limited partnership*	%
International Law	%	Securities/SEC*	%
Labor Law	%	Other (describe in detail below)	%
Mergers/Acquisitions	%	Subtotal (D):	%
Utilities/Municipality	%		
Subtotal (B):	%		

***Please complete the Practice Supplement for the Practice Area**

Please provide details on the "Other" answer above in the space provided below:

INSURANCE AND LOSS HISTORY

<p>8. After inquiry with each person as appropriate, in the last twelve (12) months have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? If "Yes", please complete a supplemental claim form for each matter.</p>	Yes	No
<p>9. After inquiry with each person as appropriate, has there been any change in the status of previously reported claims? If "Yes", please provide updated loss runs for any previously reported unresolved claims</p>	Yes	No
<p>10. After inquiry with each person as appropriate, have any new claims, incidents or circumstances been reported to any previous carrier under an extended reporting period? If "Yes", please complete a supplemental claim form for each matter and provide currently valued loss runs for the relevant policy.</p>	Yes	No
<p>11. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? If "Yes", please complete a supplemental claim form for each matter.</p>	Yes	No
<p>12. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been the subject of a disciplinary complaint made to any of the aforementioned entities during the last (12) months? If "Yes", please provide a copy of the Bar complaint, your response, and a copy of their decision.</p>	Yes	No



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA 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 MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____