

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

NEW LAWYER APPLICATION

This form must be completed when any lawyer joins the Named Insured.

Name of New Lawyer: _____

Name of Insured Firm: _____

Policy Number: _____

The following questions must be completed by the New Lawyer:

1. Position in Firm: (check one):

Officer /Director /Shareholder

Partner

Employed Lawyer

Of Counsel*

Independent Contractor*

*Please complete Q8 if Of Counsel or Independent Contractor

2. Date first admitted to Bar in any state (mm/dd/yy): ____ / ____ / ____ Bar Number (primary state): _____

3. States Admitted: _____

4. Date of Hire (mm/dd/yy): ____ / ____ / ____

5. Number of Continuing Legal Education hours attended in the past year:

6. If you attended a Claim Prevention Seminar in the past 12 months, please provide the date of the seminar:

(month / year): ____ / ____ No seminar attended in prior 12 months

7. Provide the date continuous insurance coverage began: ____ / ____ / ____

Check here if you have no current coverage.

8. If you are an Of Counsel or Independent Contractor, answer the following questions:

A. ...What is the average number of weekly hours you will spend working on behalf of the Named Insured? _____

B. ...Do you carry separate E&O coverage? Yes No

9....Was an extended reporting period (ERP) endorsement issued for any prior law firm? Yes No

If an ERP was issued, provide effective dates: From: ____ / ____ / ____ to ____ / ____ / ____

10...Are you an employee of any organization other than the Named Insured firm? Yes No

If 'yes', please provide details.

11. A. In the past five years, have you been denied the right to practice, suspended from practice, disbarred,reprimanded, or had other disciplinary action taken against you by any court or administrative agency? Yes No

If 'yes', please provide details including dates and the disciplinary action taken against you.

B. ...Is any disciplinary investigation or complaint pending against you? Yes No

If 'yes', please provide a copy of the complaint or notice of investigation, your response and all subsequent correspondence between you or your defense counsel and the disciplinary board.

12. In the past seven years, has any application for Lawyers Professional Liability Insurance been declined, cancelledor non-renewed for a reason other than the carrier's exiting this line of business or changing broker partners? Yes No
If 'yes', please provide details, including name of carrier, dates and reason for this action.

Note: MO insureds are not required to respond.

13...Have any claims or suits been made against you for services you performed during the past five (5) years? Yes No
If 'yes', complete a Claim Information Supplement.

14. Are you aware of any circumstance, act, error, omission or personal injury **which might be expected to be**the basis of a claim or suit against you? Yes No
If 'yes', complete a Claim Information Supplement.

15. Do you or your spouse / domestic partner act as a director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over, or hold any equity interest in any for-profit business enterpriseother than the Named Insured firm? Yes No
If 'yes', complete the Outside Interest Supplement.

16. State your area of practice specialty (ies): **Check all that apply.**
Intellectual Property
Securities
Commercial Real Estate
Mergers & Acquisitions
Residential Real Estate
Plaintiff
Other, **please specify:** _____

The following questions must be completed by an owner, officer or partner of the Named Insured firm:

17...Based upon the billable hours projected for this new lawyer, will the firm's areas of practice change? Yes No
If 'yes', explain: _____

18. Check the appropriate box to request coverage under this policy for this attorney's services on behalf of the Named Insured firm. A premium assessment may be made for any extension of coverage.

The Named Insured firm desires to extend coverage for services rendered while this lawyer was associated with any prior law firm(s).

The Named Insured firm desires to limit coverage to services rendered only on behalf of the firm and, therefore, the date of hire will be the limiting prior acts date for this new lawyer.

The Named Insured firm desires to extend coverage for services rendered after an individual retroactive date of _____ / _____.

No coverage for this attorney's services rendered on behalf of the Named Insured. **NOTE:** selection of this option will also exclude coverage for the Named Insured's liability for this attorney's services rendered to the Named Insured.

I hereby authorize the release of claim information from any prior insurer to Swiss Re Corporate Solutions America Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind Swiss Re Corporate Solutions America Insurance Corporation to issuance of an insurance policy.

I hereby authorize the release of claim information from any prior insurer to Swiss Re Corporate Solutions America Insurance Corporation.

For your protection, the following Fraud Warning is required to appear on this application:

The following Fraud Warning applies to **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

The following Fraud Warning applies to **Arkansas/Louisiana**: 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.

The following Fraud Warning applies to **Colorado**: 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 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.

The following Fraud Warning applies to **District of Columbia**: 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.

The following Fraud Warning applies to **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.

The following Fraud Warning applies in **Maine/Tennessee/Virginia/Washington**: 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 following Fraud Warning applies in **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **New Mexico**: 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.

The following Fraud Warning applies in **Ohio**: 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.

The following Fraud Warning applies in **Pennsylvania**: 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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind Swiss Re Corporate Solutions America Insurance Corporation to issuance of an insurance policy.

THIS APPLICATION MUST BE SIGNED BY THE ATTORNEY AND A PARTNER, OFFICER and/or OWNER

Print name of new attorney: _____

Signed: _____ Date: ____ / ____ / ____
New Attorney

Print name of partner, officer and/or owner signing form: _____

Signed: _____ Date: ____ / ____ / ____
Partner, Officer and/or Owner

Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application and before policy inception.

IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY: By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: _____ Title _____ Date _____
Owner, Officer or Partner