

1. Firm Name _____ 2. Attorney Name _____
3. Bar or Supreme Court # _____ 4. Year admitted to Bar(s) _____ 5. Number of years of full time practice _____
6. Exact date you joined this firm _____ 7. E-mail address _____
8. # of hours worked on a weekly basis practicing law for this firm _____ 9. List Retro-Date with last carrier _____
10. List all State(s) you are admitted to practice: _____
11. List the percentage of time you practice in each State(s) listed in question 10: _____
12. Designation: Member Officer Director Employee Associate Of Counsel Independent Contractor Other _____
13. Have you attended a Risk Management OR Ethics Seminar within the past 12 months? (Please Circle) YES NO
14. Indicate the percentage of HOURS (in whole numbers) of practice devoted to the following areas: **Total Hours Must Equal 100%**

Administrative Law _____ %	Estate Planning _____ %	Securities Law:** _____ %
Admiralty/Maritime _____ %	Estate/Probate/Trust _____ %	Bonds _____ %
Arbitrator/Mediator _____ %	General Business/Corporate: _____ %	Federal SEC _____ %
Banking/Financial Institutions _____ %	Business Transactions/Advice _____ %	State _____ %
Bankruptcy _____ %	Contracts _____ %	Private Placements _____ %
BI/PI Defense _____ %	Entity Formations _____ %	School Law _____ %
BI/PI Plaintiffs * (includes cases _____ %	Mergers/Acqns _____ %	Social Security _____ %
you refer out and retain an interest) _____ %	Secured Transactions _____ %	Taxation (Corporate) _____ %
Civil Rights _____ %	Corporate Administration _____ %	Taxation (Individual) _____ %
Class Action/Mass Torts/ Defense _____ %	General Corporate _____ %	Tax Opinions _____ %
Class Action/Mass Torts/ Plaintiff* _____ %	Immigration Law _____ %	Tax Preparations _____ %
Collection: _____ %	IP - Copyright/Trademark _____ %	Traffic _____ %
Collection Defense _____ %	IP - Patent _____ %	Worker Comp Defense _____ %
Commercial _____ %	International Law _____ %	Worker Comp Plaintiff _____ %
Consumer _____ %	Labor Relations _____ %	Other (over 5% specify) _____ %
Commercial Litigation Defense _____ %	Medical Malpractice Defense _____ %	_____ %
Commercial Litigation Plaintiff _____ %	Medical Malpractice Plaintiff * _____ %	_____ %
Communication _____ %	Municipal/Local Government _____ %	_____ %
Construction Law _____ %	Oil, Gas and Mining _____ %	
Criminal _____ %	Product Liability Defense _____ %	
Domestic Relations _____ %	Product Liability Plaintiff * _____ %	
Entertainment _____ %	Public Utilities _____ %	
Environmental _____ %	Real Estate - Commercial _____ %	
ERISA/Pension Plans _____ %	Real Estate - Residential _____ %	

Of the following supplemental forms, complete only **one** per firm:
* Plaintiff Supplement
** Securities Supplement

15. List Lawyers' professional liability insurance carried for each of the past 5 years. **Include Month, Date and Year.**
If no prior coverage, please state, "no coverage"

(a) Effective From ___/___/___ From ___/___/___ From ___/___/___ From ___/___/___ From ___/___/___

(b) Expiration To ___/___/___ To ___/___/___ To ___/___/___ To ___/___/___ To ___/___/___

(c) Law Firm Insured _____

(d) Insurance Company _____

(e) Limits of Liability _____

(f) Deductible _____

For Bar Plan Use Only

ARB BPP CLE JUD LEG EXP MIS NTP _____

OCC _____ PRT _____ SEC _____ TIA(N/C) OTH _____

16. Have you been the subject of a reprimand or disciplinary action or refused admission to the bar by any bar association, court or administrative agency? () YES () NO

If Yes, explain on separate attachment.

17. Have you been the subject of an investigation, bar complaint, formal grievance or formal fee dispute filed with a state or local bar association in the last 7 years? () YES () NO

If Yes, complete the Claim Supplement Form for each.

List claimant's(s) name: _____

18. During the past 7 years, have you been the subject of a professional liability claim, suit or incident? () YES () NO

If Yes, complete the Claim Supplement Form for each.

List claimant's(s) name: _____

19. Do you have knowledge of any incident, circumstance, act, error or omission which may give rise to a claim? () YES () NO

If Yes, complete the Claim Supplement Form for each.

(Coverage for such will be provided under the policy in force in the year you reported it to your insurance company and will be excluded from this Policy now being applied for).

List claimant's(s) name: _____

20. Are you engaged in any of the business listed in a-g below: () YES () NO

If Yes, complete the following:

<u>Business</u>	<u>% of Time</u>	<u>D&O, E&O or Professional</u>	<u>% of Total Income</u>
(a) Title Insurance Agent	_____	_____	_____
(b) Life Insurance Agent	_____	_____	_____
(c) P & C Insurance Agent	_____	_____	_____
(d) Accountant	_____	_____	_____
(e) Real Estate Agent	_____	_____	_____
(f) Employee of Governmental Body, Subdivision or Agency	_____	_____	_____
(g) Legislator	_____	_____	_____

It is represented by the undersigned, as acknowledged by the signature below, that undersigned has read the completed application including the insured supplement, the application for Lawyers' Professional Liability Insurance, the securities supplement as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, and the information submitted therein is true to undersigned's best knowledge and belief. It is further understood that all application forms, as well as all other documents presented to The Bar Plan Mutual Insurance Company as part of this application, become part of this Policy.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Anti Fraud Warning:- 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".
Anti Fraud Warning – Indiana "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony".
Anti Fraud Warning: - Tennessee "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 fine and denial of insurance benefits."