

ESTATE LAWYERS PRIOR ACTS COVERAGE APPLICATION

This is an Application for a Claims Made and Reported in Writing Prior Acts Reporting Period
If the space given is insufficient, please attach a separate sheet referenced to the specific question being answered.

Additionally, if available, please provide the following in addition to completing the application.

- Copy of the most recent policy for the Prior Firm.
- Copy of loss runs for the Prior Firm for the past 5 years.
- Copy of the most recent completed application for the Prior Firm.

1. **A.** Name of the Deceased Lawyer: _____
B. Address of Deceased Lawyer: _____
City: _____ State: _____ Zip: _____
C. Year firm established: _____
D. Age of Deceased at the time of death: _____

2. **A.** Name of the Executor of the Estate: _____
B. Address of the Executor of the Estate: _____
City: _____ State: _____ Zip: _____
C. Telephone Number for the Executor of the Estate: _____

3. Contact for the Estate After the Executor Closes the Estate:
A. Name: _____
B. Address: _____
City: _____ State: _____ Zip: _____
C. Telephone Number: _____

4. Was the Deceased Lawyer a sole practitioner at the time of death, or part of a firm?
 - i. Sole practitioner: _____
 - ii. Part of a firm: _____
 - a. Please provide the firm name: _____

5. Please provide the following information for the past three (3) fiscal years for the deceased lawyer or, if the deceased lawyer was practicing as part of a firm, for the prior firm:

Revenue Last Twelve (12) months: _____

Revenue Prior Year: _____

Revenue Two (2) years ago: _____

6. Please provide the total estimated Assets in the Estate: _____

7. For the applicant, please indicate Percentage of the most recent year's "Total Gross Billings" derived from:

Category	Prior Firm	Applicant
Administrative Law	%	%
Admiralty	%	%
Antitrust	%	%
Association Law	%	%
Bankruptcy	%	%
Business Transactions / Commercial Law	%	%
Civil Rights and Discrimination	%	%
Collection	%	%
Construction (Building Contracts)	%	%
Consumer Claims	%	%
Copyright Registration/Licensing	%	%
Corporate and Business Organization	%	%
Criminal	%	%
Entertainment	%	%
Estate / Trust / Probate	%	%
Family Law	%	%
Financial Institutions	%	%
General Litigation	%	%
Government Contracts and Claims	%	%
Government Relations	%	%
Health Law	%	%
Immigration and Naturalization	%	%
Insurance	%	%
International	%	%
Labor and Employment	%	%

Category	Prior Firm	Applicant
International	%	%
Labor and Employment	%	%
Local Government	%	%
Municipal Finance	%	%
Natural Resources	%	%
Patent General	%	%
Patent Infringement Counseling	%	%
Patent Licensing	%	%
Patent Litigation	%	%
Patent Prosecution (Domestic)	%	%
Patent Prosecution (International)	%	%
Patent Searches	%	%
Pension and Employee Benefits	%	%
Personal Injury / Property Damage (Defendant)	%	%
Personal Injury / Property Damage (Plaintiff)	%	%
Public Utility / Energy	%	%
Real Estate (Commercial)	%	%
Real Estate (Residential)	%	%
Real Estate (Unspecified)	%	%
Securities	%	%
Securities Litigation	%	%
Taxation	%	%
Trademark Registration/Licensing	%	%
Worker's Compensation	%	%
Other (please specify)	%	%
Total	%	%

8. How many clients did the Deceased Lawyer have at the time of death: _____

i. Describe steps taken to transition the clients' matters to alternative counsel:

9. If the Deceased Lawyer was practicing as a sole practitioner, has the Executor of the Estate confirmed with alternative counsel that their preliminary review of the transferred client matters have not indicated any potential issues?

____ Yes ____ No

If "No," please confirm with alternative counsel that their preliminary review of the transferred client matters have not indicated any potential issues.

If "Yes," please confirm that notice of any issues identified by alternative counsel have been noticed to the Deceased Lawyer's current carrier, and provide copies of such notices.

10. Miscellaneous

A. Was the Deceased Lawyer ever:

- i. Disbarred: ____ Yes ____ No
- ii. Refused admission to practice law: ____ Yes ____ No
- iii. The subject of any disciplinary complaint, grievance or action by any court, bar association, administrative agency, or regulatory body: ____ Yes ____ No
- iv. Convicted of a felony: ____ Yes ____ No

If "Yes" please attach an addendum outlining the relevant details, including the dates, current disposition and a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.

B. At any time during the past five years, was the deceased lawyer a director, officer, partner or employee of any client or did the deceased lawyer possess any ownership interest in any client or any joint venture with a client?

____ Yes ____ No

If "Yes", please attach an addendum outlining the firm's interest in all clients, as well as the internal policies of the prior firm pertaining to an attorney's holding an equity interest in a client of the firm.

11. Insurance History the Deceased Lawyer or their Prior Firm

A. Current policy expiration date: _____

B. What is the inception date of the deceased lawyer or their prior firm's earliest "claims made" policy without interruption? _____

C. Has the deceased lawyer or their prior firm ever had a policy for professional liability insurance declined, cancelled or non-renewed?

____ Yes ____ No

If yes, please provide details (including date, carrier and reason(s) for action) on a separate addendum

D. If the deceased lawyer was practicing as part of a firm, and if available, have any claims been made or suits filed against the prior firm during the last five (5) years?

____ Yes ____ No

Have any claims been made or suits filed against the deceased lawyer during last five (5) years?

____ Yes ____ No

If "Yes" please attach an addendum outlining the relevant details, including the dates, current disposition, and a copy of any final opinion or decision of the court.

E. Is the executor aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the deceased lawyer which has not yet been reported to the prior firm's carrier or any other insurer?

___ Yes ___ No

If "Yes", please attach an addendum outlining the relevant details, and confirm that notice has been provided to the prior firm's insurer, and provide a copy of such notice.

F. Please list all primary and excess lawyers professional liability insurance policies carried by the deceased lawyer or any prior firm, or any predecessor firm, for each of the past five years:

<u>Policy Period</u>	<u>Insurer(s)</u>	<u>Limits of Liability</u>	<u>Retention</u>	<u>Premium</u>	<u>Total No. of Lawyers</u>

Retroactive date: _____

G. Please provide the name of the deceased lawyer's or their prior firm's most recent Lawyers Professional Liability broker: _____

H. Please state coverage Limits, Deductible and Policy Length Requested

i. Coverage Limits of Liability: \$250,000 ___ \$500,000 ___ \$1,000,000 ___ \$1,500,000 ___ \$2,000,000 ___
 \$3,000,000 ___ \$4,000,000 ___ 5,000,000 ___ Other: _____

ii. All Estate Prior Acts coverage is written with no Deductible.

iii. Length of Time requested for coverage: 1 year ___ 2 years ___ 3 years ___ 6 years ___

THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

FRAUD WARNING: 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. (Not applicable to Nebraska, Oregon or Vermont applicants).

FRAUD WARNING (Applicable in Tennessee, Virginia and 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.

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 policyholder 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.

NOTICE TO FLORIDA APPLICANTS: 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 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OKLAHOMA APPLICANTS: 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 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.

WARNING FOR DISTRICT OF COLUMBIA APPLICANTS: 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 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.

SIGNATURE AND AUTHORIZATION

This Application must be signed and dated by the Executor of the Estate. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

Signature of the Executor of the Estate: Date: _____

Producer's Name: Area Code: Phone Number: _____

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____
(Applicable to New Hampshire Producers Only)