

HUDSON SPECIALTY INSURANCE COMPANY

LAWYERS BANKRUPTCY / COLLECTION SUPPLEMENTAL APPLICATION

Name of Applicant Firm: _____

You must complete this Supplemental Application only if the Applicant Firm practices bankruptcy/collection work.

- A. Indicate the percentage breakdown between: Bankruptcy _____ % Collection _____ %
- B. How many support staff assist in these areas? Bankruptcy _____ Collection _____
- C. How many lawyers in the firm practice in these areas? Bankruptcy _____ Collection _____

For Bankruptcy, complete the following:

1. Does the firm have standard review procedures for certifying the accuracy of debtor schedules and the ability to make future payments in compliance with the Bankruptcy Abuse Prevention Act of 2005? Yes No

If "Yes", describe the procedures: _____

2. Has the firm reviewed and implemented procedures compliant with the Bankruptcy Abuse Prevention Act of 2005 relating to identification of certain firms as debt relief agencies? Yes No

For Collection, complete the following:

1. Regarding your total collection practice, what percentage is:
- a. Consumer collections %
 - b. Commercial collections %
 - c. Mortgage foreclosures? %
2. Have all form letters and other correspondence been reviewed for compliance with all federal and state statutes? Yes No
3. Does an attorney review each matter prior to sending out collection letters on the matter? Yes No
4. Do you retain copies of all letters? Yes No
- If "Yes", do you retain:
- a. Hard copies? Yes No
 - b. Electronic copies or electronic evidence of letter sent? Yes No
5. Does the firm require use of a script which has been reviewed for compliance with the Fair Debt Collection Practices Act and applicable state laws when collecting debts via telephone? Yes No

6. Describe the method by which your firm supervises all non-lawyer personnel working in this area of practice:

7. Is the firm’s letterhead used by any third party in the collection process or otherwise? Yes No
If “Yes”, explain why and how: _____

8. Does any attorney in the applicant firm have ownership in or involvement as a director or officer of a separate collections agency or business? Yes No

9. Do you or any entity affiliated with you, or any member of the firm, purchase any debt?..... Yes No
If “Yes”, in whose name is it collected? _____

THIS SUPPLEMENTAL APPLICATION ATTACHES TO AND BECOMES A PART OF THE APPLICATION. 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 WARNINGS

To All Prospective Insureds: 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 and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

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 policyholder 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.

District of Columbia: “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.”

Florida and Oklahoma: 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.

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.

New York: 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 \$5,000 and the stated value of the claim for each such violation.

SIGNATURE AND AUTHORIZATION

This Application must be signed and dated by a Principal or Officer of the Applicant Firm. 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 Principal or Officer of Applicant Firm: 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)