

9. Total number of attorneys: _____

10. State the number of: (Individual coverage is not provided for persons listed herein)

- | | | | |
|-------------------------------|-------|-------------------------|-------|
| (a) Law Clerks | _____ | (d) Accountants | _____ |
| (b) Investigators | _____ | (e) Abstractors | _____ |
| (c) Secretarial & Office Help | _____ | (f) Paralegal Personnel | _____ |

11. If Applicant is sole practitioner, state:

- (a) Whether you are engaged in independent private practice Yes No
- (b) Does the applicant provide professional services as an attorney on behalf of any other attorney or firm? If so, please provide the name of that attorney or firm.
- _____
- (c) Please provide the name of a specific attorney or firm who will be responsible for your affairs should you be absent for an extended period of time (i.e. business trip, vacation, illness, etc.) **This question must be answered if you are a sole practitioner.**
- _____
- _____

12. Does any lawyer named in Questions 6, 7 & 8 have any other law partner, associate, or employed lawyer other than those in Questions 6, 7 & 8? Yes No
If so, please provide full details

13. Does any lawyer named in Questions 6, 7 & 8 share office space with any lawyer NOT NAMED in Questions 6, 7 & 8? Yes No
If so, please provide full details

14. Describe your practice by first showing approximate amount of time devoted to the following:

- (a) **Total Immigration** _____
- (b) **Total Other** _____
- (c) **Total Areas of Practice (a+b) =** _____

Describe "OTHER" below by showing percentages of time devoted to the following: (Your answer should equal the percentage shown above in 14. b)

Admiralty/Maritime	_____%	**Estate Planning	_____%	Plaintiffs Litigation BI/PI	_____%
*Adoption	_____%	**Estate/Probate/Trust	_____%	Public Utilities	_____%
Banking	_____%	General Commercial	_____%	Real Estate (Commercial)	_____%
Collection/Repossession	_____%	General Corporation	_____%	Real Estate (Residential)	_____%
Communication (FCC)	_____%	International Law	_____%	S.E.C. Law and/or Regulations	_____%
Criminal Defense	_____%	Oil and Gas	_____%	**Taxation	_____%
Defendants Litigation Civil	_____%	Patents, Copyrights, TM	_____%		
Domestic Relations	_____%	Plaintiffs Litigation	_____%		

Other (please specify and describe fully): _____%

*If adoption matters are dealt with, please give full details on a separate page.
** If your type of work includes Estate Planning, Estate/Probate/Trust, or Taxation, then please complete the Supplemental Tax Questionnaire.

15. Give details of legal work performed in a fiduciary capacity by the firm or any individual lawyer during the past three years:

16. Is the applicant currently insured under a Claims Made professional liability policy? Yes No

17. How long has the applicant maintained continuous claims made insurance coverage? _____

18. Please give full particulars of all similar insurances carried during the past five years:

Insurer	Premium	Limits of Liability	Deductible	Period	Claims Made or Occurrence Form
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19. Has any professional liability insurance for the applicant, present Partner or predecessors or any lawyer in the firm ever been declined or cancelled, refused to be renewed? Yes No

If so, please provide full details

20. DOCKET CONTROL - (Calendars, Tickler Systems, etc.) In a separate correspondence, please provide details of system, including explanation of date controls used in your office and who has responsibility for entry of items assigned

21. Applicants approximate gross billable dollars for the past 12 months are:

- Under \$50,000 \$50,000 to \$100,000 \$100,000 to \$150,000
- \$150,000 to \$250,000 \$250,000 to \$500,000 \$500,000 to \$1,000,000 \$1,000,000 & over

22. Does Applicant's practice also involve acting in the capacity of any of the following? Yes No
If so, indicate the percent of practice devoted to each and whether separate professional liability insurance is carried for this work:

- (a) Insurance agent or broker _____
- (b) Accountant _____
- (c) Real Estate agent or broker _____
- (d) Title abstractor _____
- (e) Title agent _____

23. Was the applicant or any Partner or Lawyer of the Firm a salaried employee, partner, officer, director or owner of any organization other than the Firm? Yes No
(If so, please provide details including any interests held in a separate correspondence)

24. Does (or did) the Applicant or any lawyer named in answer to Questions 6, 7 and 8 of the application ever provide legal services on behalf of clients with respect to Investment visas? Yes No
If so, please list and provide brief details of the legal services provided for each, with date(s).

An Investment Visa is defined as: "A visa for alien entrepreneur which involves the investment of the alien's money in a business or business entity, including but not limited to a corporation, partnership, joint venture or sole proprietorship pursuant to Section 203(b)(5) of the Immigration and Naturalization Act, also codified at 8 U.S.C. 1153(b)(5), or which involves the investment of the alien's money in any other visa program which involves creation of employment in the United States."

25. Please provide the following information: **INSURANCE REQUESTED**

- (a) Limits of Liability requested \$ _____
- (b) Deductible requested \$ _____
- (c) Retroactive Date of Current Policy:* _____
- (d) Proposed effective date for this insurance: _____
- (e) Send a sample of your retainer/agreement letter and letterhead

* **Retroactive Date:** You may request the same Retroactive Date that is on your present policy if you have had continuous "claims made" coverage since that date. If you are not currently insured by a "claims made" Lawyers Professional Liability Insurance Policy, then your Retroactive Date will be at Inception, which means no coverage will be afforded for any acts, errors or omissions committed, in whole or in part, prior to the Inception Date of any policy issued by Underwriters.

26. Has any claim, suit, charge, investigation or proceeding ever been made or instituted against the Organization or any Lawyer or other person providing professional services on behalf of the Organization which alleges any of the following types of conduct? (Please check appropriate box.)

- (a) Negligent acts or omissions in the course of rendering professional services as a Lawyer or Notary Public? Yes No
- (b) Attorney misconduct or breach of professional ethics? Yes No
- (c) False arrest, detention or imprisonment or malicious prosecution? Yes No
- (d) Publication or utterance of a libel or slander or of other defamatory or disparaging material or publication or utterance in violation of an individual's right of privacy? Yes No
- (e) Wrongful entry or eviction, or other invasion of the right of private occupancy? Yes No
- (f) Conduct for which the claimant seeks an award of punitive or exemplary damages? Yes No
- (g) Violation of a federal, state, municipal or local criminal statute or law? Yes No
- (h) Conduct which may give rise to a contempt proceeding? Yes No
- (i) Any conduct in connection with the employment, hiring, failure to hire, discharge or termination of the employment of an employee, former employee or applicant for employment? Yes No
- (j) Conduct which has resulted in an injunction or functionally similar order, including but not limited to a restraining order, a writ of mandamus, a writ of prohibition or an order to compel prosecution? Yes No

If any of the above items are answered Yes, please provide the name of the Lawyer or other person involved, the disposition of the matter, and all other pertinent details (send separate correspondence if necessary).

27. After inquiry of each lawyer in the firm, does any lawyer in the firm know of any circumstances, act, error, omission or personal injury that could result in any claim being made against him/her or, their (his/her) predecessors in business or any of the present or past partners stemming from the types of conduct listed above? Yes No

If so, please provide full details

Cyber Liability Section – OPTIONAL

1. Do you comply with all applicable regulatory and industry supported privacy and security standards and frameworks that are applicable to your industry, including PCI data to your business? Yes No
2. Does applicant use intrusion detection software, firewall protection and anti-virus systems to detect/prevent unauthorized access to internal networks and computer systems? Yes No
3. Does applicant have a written procedure to communicate a privacy breach to state authorities and affected parties? Yes No
4. Has the Applicant given written notice under the provisions of any prior or current cyber risk, media or network security policy of specific facts or circumstances which may give or have given rise to a Claim being made against any proposed Insured, or do they know of specific facts or circumstances which may give or have given rise to a Claim? Yes No

If Yes, please give full particulars (send separate correspondence if necessary):

General Liability Section – OPTIONAL

1. Have any General Liability claims or suits been made during the past five years against the Applicant or is the Applicant aware of any circumstance, act, error, omission or injury or occurrence that could result in any claim being made against the Applicant? Yes No

If Yes, please give full particulars (send separate correspondence if necessary):

Please indicate Limits of Liability for quotation.

Professional Liability:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |

General Liability:

The Limits chosen for General Liability must be at or lower than the Limits chosen for Professional Liability.

- | | |
|--|--|
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
|--|--|

Cyber Liability:

The Limits chosen for Cyber must be at or lower than the Limits chosen for Professional Liability.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
|--|--|--|--|

Deductible Requested for Professional Liability:

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|

NOTICE TO APPLICANT:

I/We hereby declare that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Underwriters evidence their acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Underwriters. All information disclosed on this application, together with any supplementary information obtained regarding the applicant remains the exclusive property of Complete Equity Markets, Inc.

NOTE: In applying for coverage, the applicant agrees that in the event of covered losses, he will be required to be defended by the Underwriters' appointed lawyers, and that the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs, and legal fees. If the applicant elects to handle a claim without in any way involving the Underwriter, then no coverage for such claim is afforded the applicant under the policy.

I understand and accept that the policy applied for provides coverage on a **CLAIMS FIRST MADE** basis for **ONLY THOSE CLAIMS FIRST MADE AGAINST THE ASSURED WHILE THE POLICY IS IN FORCE** and that coverage ceases with the termination of policy unless I exercise options available and in accordance with terms of the policy.

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.

Signature of Applicant ** _____

Title _____

Date _____

**** SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE. Application MUST be SIGNED to be considered for quotation.**

This Proposal Form duly completed, together with any supplementary information, must be signed by the applicant or a partner of the Firm. One signed copy will be attached to and form part of the Policy or Certificate, if issued. Completion of this Proposal Form does not bind or obligate the Firm or the Underwriters to complete the insurance.

Return completed application and additional materials requested to:

Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, IL 60047
Toll-free number 800-323-6234 - In Illinois 847-541-0900 - Fax 847-541-0444

CEMSN 2420 A (04/21)