

Lawyers Advantage

New Business Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY.

I. APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all predecessor firms, unless otherwise stated.
- Include all requested underwriting information indicated in Section X. below.
- Enclose copies of all letterhead on which the **Named Insured** is listed.
- All questions must be answered. If additional space is needed, continue on a separate sheet and indicate the question number.
- This Application and any Supplemental Applications must be signed and dated by a principal of the **Named Insured**.

II. GENERAL INFORMATION

1. Name of Applicant: _____

Please explain if name differs from the Named Insured letterhead. Include d/b/a if applicable.

2. Type of Entity: Individual Partnership PC PLLC PLLP Other*

*If "Other" please explain: _____

3. Address of Applicant: _____

City: _____ County: _____ State: _____ Zip Code: _____ Telephone: _____

4. Firm Phone Number: _____

5. Firm Fax Number: _____ No Fax

6. Firm Email Address: _____ No Email

7. Firm Website Address: _____ No Website

8. Name and Address (if different than above) of Primary Contact

Principal authorized to receive notices and information regarding the proposed policy.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

9. Does the applicant have other office locations? Yes No

If "Yes", please attach a listing of each location.

10. Date Business Commenced: _____

11. Total Gross Billings for 12 months ending:

Most Recent Fiscal Year: _____

Previous Fiscal Year: _____

2nd Previous Fiscal Year: _____

12. Does the applicant have ownership in a Title Agency that is a separate legal entity from the Named Insured / law firm? Yes No

If "Yes", is coverage requested for such Title Agency under this policy? Yes No

If "Yes", please complete a Title Agency Supplemental Application

IMPORTANT: It is understood and agreed that coverage is not provided for such Title Agency unless the information requested above is provided.

13. Estimate the percentage of hours per year the firm works in each area of practice (**NOTE:** Must total 100%).

Administrative-General*	Intellectual Property - Copyright, Trademark* <i>Note: Supplemental Application Required</i>
Admiralty / Marine - Defense	Intellectual Property - Patent * <i>Note: Supplemental Application Required</i>
Admiralty / Marine - Plaintiff	International/Foreign Law
Agent Practice and Entertainment Law	Juvenile rights, guardian ad litem
Appellate	Marijuana-Medical and/or Non-Medical)
Business Formation	Mediation, Arbitration (other than Securities/FINRA)
Business Transactions where the value of the transaction is greater than \$500,000	Medicare
Business Transactions where the value of the transaction is less than or equal to \$500,000	Mergers & Acquisitions
Civil Litigation – General*	Municipal -- Finance or Bonds * <i>Note: Supplemental Application Required</i>
Commercial & Corporate Litigation - Defense	Municipal – General (not finance)
Commercial & Corporate Litigation - Plaintiff	Oil & Gas, Mineral Rights
Construction Law	<i>Other Please describe in detail below or by separate attachment.</i>
Corporate Finance	Plaintiff Litigation-Class Actions * <i>Note: Supplemental Application Required</i>
Creditor Rights / Collections	Plaintiff Litigation-Mass Tort * <i>Note: Supplemental Application Required</i>
Creditor Rights / General (Bankruptcy)	Plaintiff Litigation-Social Security
Criminal Defense	Plaintiff Personal Injury where the value of the case is more than \$250,000 * <i>Note: Supplemental Application Required</i>
Defense Litigation & Insurance Carrier Representation	Plaintiff Personal Injury where the value of the case is less than or equal to \$250,000* <i>Note: Supplemental Application Required</i>
Elder Law	Public Utilities (not finance)
Employee Benefit Plans, ERISA	Real Estate Finance* <i>Note: Supplemental Application Required</i>
Employment Law - Employee Representation	Real Estate – Res. & Basic Commercial where the value of the transaction is greater than \$1,000,000 <i>* Note: Supplemental Application Required</i>

	Employment Law - Management Representation		Real Estate – Res. & Basic Commercial. where the value of the transaction is less than or equal to \$1,000,000 * <i>Note: Supplemental Application Required</i>
	Employment Law - Union Representation		Schools & Education (not finance)
	Environmental Regulatory		Securities - Private Placement * <i>Note: Supplemental Application Required</i>
	Estate and Probate - General		Securities - Public Registration * <i>Note: Supplemental Application Required</i>
	Estates/Trusts where the value of the estate is greater than \$1,000,000		Tax Preparation-Individual
	Estates/Trusts where the value of the estate is less than or equal to \$1,000,000* <i>Note: Supplemental Application Required</i>		Taxation (excluding estate tax & individual preparation)
	Family Law where the value of the marital estate is greater than \$1,000,000		Tribal Law
	Family Law where the value of the marital estate is less than or equal to \$1,000,000		Water Rights
	Financial Institutions (Banking, Insurance, Asset Management)* <i>Note: Supplemental Application Required</i>		Workers Compensation (Defense)
	Healthcare		Workers Compensation (Plaintiff)
	Immigration		

If "Other" Area of Practice is selected above please provide a detailed description:

If denoted with * a Supplemental Application for this area of practice is required.

III. ATTORNEYS AND PREDECESSOR FIRMS

1. Number of lawyers of the Applicant to be covered under this policy: _____
2. Number of non-lawyer employees of the applicant: _____
3. Roster of lawyers (Use a separate sheet if needed)

Lawyer Name	Status*	Date of Hire	Retro Date if other than Date of Hire	Date of Birth	Hours Worked per Week	State(s) of Licensure & Bar / Registration Number	Date(s) Admitted
1.							
2.							
3.							
4.							
5.							

6.							
7.							
8.							
9.							
10.							

* O – Owner E – Employee OC – Of Counsel IC – Independent contractor

4. For "Of Counsel" lawyers and independent contractors please complete the following:

Attorney Name	Does lawyer work exclusively for the applicant firm?	How many hours per week does the lawyer work for the applicant firm?	Does lawyer have independent professional liability insurance coverage?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Is coverage requested for a Predecessor Firm(s)? Yes No

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the Applicant or Named Insured identified in Section II., Question 1. above is the majority successor in interest (more than 50%).

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of Lawyers	Percentage of Ownership Retained

IV. REQUESTED COVERAGE

Indicate below which limits and deductibles are being requested. Limits of Liability are Per Claim / Aggregate.

Check more than one if requesting multiple options.

Professional Services Limits Of Liability (Each Claim / Aggregate)

- | | |
|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$750,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 |

- | | |
|--|--|
| <input type="checkbox"/> \$300,000 / \$600,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$3,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$500,000 / \$1,500,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> Other: \$ / \$ |

Professional Services Deductible (Each Claim)

- | | | | |
|-----------------------------------|------------|-----------------------------------|--------------------|
| <input type="checkbox"/> \$1,000 | Each Claim | <input type="checkbox"/> \$20,000 | Each Claim |
| <input type="checkbox"/> \$2,500 | Each Claim | <input type="checkbox"/> \$25,000 | Each Claim |
| <input type="checkbox"/> \$5,000 | Each Claim | <input type="checkbox"/> \$30,000 | Each Claim |
| <input type="checkbox"/> \$10,000 | Each Claim | <input type="checkbox"/> \$50,000 | Each Claim |
| <input type="checkbox"/> \$15,000 | Each Claim | <input type="checkbox"/> \$ | Each Claim (Other) |

Subpoena Assistance Sublimit

- | <u>Sublimit</u> | | <u>Deductible</u> | |
|-----------------------------------|------------------------------|----------------------------------|--------------------|
| <input type="checkbox"/> \$10,000 | Each Claim/Aggregate | <input type="checkbox"/> \$0 | Each Claim |
| <input type="checkbox"/> \$15,000 | Each Claim/Aggregate | <input type="checkbox"/> \$1,000 | Each Claim |
| <input type="checkbox"/> \$25,000 | Each Claim/Aggregate | <input type="checkbox"/> \$2,500 | Each Claim |
| <input type="checkbox"/> \$50,000 | Each Claim/Aggregate | <input type="checkbox"/> \$5,000 | Each Claim |
| <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) | <input type="checkbox"/> \$ | Each Claim (Other) |

Disciplinary Proceedings

- | <u>Limit</u> | | <u>Deductible</u> | |
|-----------------------------------|------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> \$10,000 | Each Claim/Aggregate | <input type="checkbox"/> \$0 | Each Claim/Aggregate |
| <input type="checkbox"/> \$15,000 | Each Claim/Aggregate | <input type="checkbox"/> \$1,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$25,000 | Each Claim/Aggregate | <input type="checkbox"/> \$2,500 | Each Claim/Aggregate |
| <input type="checkbox"/> \$50,000 | Each Claim/Aggregate | <input type="checkbox"/> \$5,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) | <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) |

Crisis Event Expenses

- | <u>Limit</u> | | <u>Deductible</u> | |
|-----------------------------------|------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> \$10,000 | Each Claim/Aggregate | <input type="checkbox"/> \$0 | Each Claim/Aggregate |
| <input type="checkbox"/> \$15,000 | Each Claim/Aggregate | <input type="checkbox"/> \$1,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$25,000 | Each Claim/Aggregate | <input type="checkbox"/> \$2,500 | Each Claim/Aggregate |
| <input type="checkbox"/> \$50,000 | Each Claim/Aggregate | <input type="checkbox"/> \$5,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) | <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) |

Loss of Earnings

- | <u>Limit</u> | |
|--|---------------------------------|
| <input type="checkbox"/> \$500/\$5,000/\$10,000 | Each Day/Each Insured/Aggregate |
| <input type="checkbox"/> \$1,000/\$10,000/\$15,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$1,000/\$15,000/\$25,000 | Each Claim/Aggregate |
| <input type="checkbox"/> \$ | Each Claim/Aggregate (Other) |

V. CURRENT INSURANCE INFORMATION

Please provide the following information regarding the Applicant's most recent insurance.

1. Is your firm currently insured for professional liability? Yes No

If "No", any policy issued will be effective no earlier than the date your agent receives your completed and signed application and premium payment.

If "Yes", please answer the following:

Current Insurer: _____

Retroactive Date: _____ (If Full Prior Acts show "None")

Retro Active Date Applies to Firm or Individual attorney

Inception Date of the firm's first claims made policy maintained without interruption: _____

Please provide a copy of your current policy declarations including any endorsement showing your retroactive date(s) as evidence of your firm's continuous coverage.

2. Has the firm or any predecessor purchased an Extended Reporting Period under any Lawyers Professional Liability insurance policy?

If "Yes" please provide details: _____

3. Insurance History (beginning with most recent coverage)

Policy term	Carrier	Limit	Deductible	Premium	# of Lawyers

4. Within the last five years, has any similar insurance for the firm, its predecessors or any lawyer included in this application ever been declined, non-renewed or canceled?

(Question Not Applicable In Missouri)

If "Yes", please provide details: _____

VI. RISK MANAGEMENT

1. Do you share letterhead with any other lawyer or firm; or does your name appear on the letterhead of any other lawyer or firm? Yes No

If "Yes", please provide the letterhead(s).

2. Does the firm have formal, written procedures regarding the maintenance of custodial accounts? Yes No

3. How many suits for collection of delinquent fees have been filed by the firm in the past # _____

two years?

4. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response? Yes No
5. When evaluating whether a case should be sent for collection, does the firm wait until the applicable statute of limitations on a potential malpractice action has run before filing suit? Yes No
6. Do any firm members have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients? Yes No
If "Yes", please complete an Outside Interest Supplement.
7. Do any firm members serve as directors, officers, trustees, consultants, etc., for any firm clients? Yes No
If "Yes", please complete an Outside Interest Supplement.
8. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client? Yes No
9. Does the firm use scope of service letters when taking on new matters for existing clients? Yes No
10. Are penetration tests conducted on the Applicant's network at least annually? Yes No
11. How often does the firm use:
- a. Engagement Letters: _____%
 - b. Disengagement Letters: _____%
 - c. Non-engagement Letters: _____%

If the letters above are not used or not used in all circumstances please explain how the firm documents the commencement and discontinuation of services with a client.

12. Does the firm maintain a docket control system and/or calendar and procedure with at least two independent date controls? Yes No
- a. Is the docket control system and/or calendar manual (i.e. paper calendar, smart phones etc.)? Yes No
 - b. Is the docket control system and/or calendar and procedure computerized? Yes No
 - c. Does the docket control system and/or calendar have redundancies in input, review and oversight? Yes No
 - d. How often is the docket control system and/or calendar updated? _____
13. Does the docket/calendar system:
- a. Track litigated items? Yes No
 - b. Track non-litigated items, even where no critical deadline is involved? Yes No
14. Does the firm maintain a Conflict of Interest system? Yes No
If "Yes" is the system computerized? Yes No
If "No" to either question above, please explain how conflict of interest checks are performed and monitored.
-

15. What is the total number of hours of continuing legal education within the last year for all lawyers? _____
16. If you are a sole practitioner, please identify the lawyer who handles your cases in your absence. N/A

Back Up Lawyer: _____

Address, City, State: _____

Telephone Number: _____

17. List the firm's five largest clients to whom the firm provided legal services in the past twelve months:

Client Name	Client's Industry	Services Performed	Annual Billings	Largest Case Value

VII. LOSS INFORMATION

1. Within the past ten years, has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings?
- a. Currently pending investigations/proceedings Yes No
 - b. Reprimand or Censure Yes No
 - c. Suspension Yes No
 - d. Imposition of a fine Yes No
 - e. Refusal of admission to the bar or any bar association, court or administrative agency Yes No
2. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm? Yes No
- If "Yes" please attach details including number of suits, nature of complaint and name of claimants.*

VIII. PRIOR KNOWLEDGE AND APPLICANT REPRESENTATION

The Applicant must answer the prior knowledge question below:

Is any **Insured** proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a **Claim** that would fall within the scope of the proposed coverage?

Yes No

If "Yes", please attach a full description of the details.

This representation applies only to those coverage types for which no coverage is currently maintained and any higher limits of liability requested.

IMPORTANT: Without prejudice to any other rights and remedies of the **Insurer**, the Applicant understands and agrees that if any such fact, circumstance or situation exists, whether or not disclosed in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the **Insurer**.

IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this New Business Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this New Business Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: 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 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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND 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 KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE 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.

NOTICE TO NEW MEXICO AND 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 civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

Supporting Documentation: Please attach a copy of the following.

- All copies of letterhead on which the Applicant is listed.
- Most recent financial statements if deductible requested is \$50,000 or greater.
- Supplemental Applications for areas of practice as required in Section II., if applicable.
- Copy of declarations page and endorsements for continuity of coverage as required in Section V., if applicable.
- Supplemental Application for Outside Interest as required in Section VI., if applicable.

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____

Agent License No.: _____ Agent Signature: _____

Address (Street, City, State, Zip): _____