

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

LLOYD'S LLOYD'S OF LONDON

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
"WITH CERTAIN UNDERWRITERS AT LLOYDS"
THIS APPLICATION IS FOR A "CLAIMS MADE" INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

- A. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
- B. PLEASE USE THE COMMENTS LINE(S) FOR ADDITIONAL INFORMATION OR CONTINUE ON A SEPARATE ADDENDUM INDICATING THE QUESTION NUMBER/SUPPLEMENT.
- C. PLEASE COMPLETE THE APPLICATION FORM AND SUPPLEMENTS WHERE REQUIRED.
- D. THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
- E. THE TERM "LAWYER" IN THIS APPLICATION SHALL MEAN ANY PARTNER, EMPLOYED LAWYER, "OF COUNSEL" OR CONTRACT LAWYER.
- F. THIS APPLICATION MAY ASK FOR DETAILS ON ACTIVITIES FOR WHICH NO COVERAGE IS PROVIDED UNDER THE INSURANCE BEING REQUESTED. PLEASE CONSULT WITH YOUR BROKER OR INSURANCE AGENT FOR DETAILS OF YOUR PROPOSED COVERAGE.

1. A. Name of Applicant: _____

Individual Partnership Professional Corporation Ltd. Liability Partnership

B. Address: _____

City: _____ County: _____

State: _____ Zip: _____

C. Telephone Number: _____ Fax Number: _____

Email Address: _____

E-Mail/Internet etc.,

D. If the Applicant has branch offices in other Cities, please indicate the 3 largest by Gross Billings:

City: _____ City: _____ City: _____

State: _____ Billings _____% State: _____ Billings _____% State: _____ Billings _____%

E. Date Commenced Business: _____
Day/Month/Year

F. Total Gross Billings (whether collected or not, including contingent fees) by Fiscal Year:

This Year: _____ \$ Last Year: _____ \$ Two Years ago : _____ \$

For 12 months ending: _____
Day/Month/Year

G. Total number of Lawyers:

This Year _____ Last Year _____ Two Years ago: _____

H. Total number of:

Partners/ _____ Employed _____ Of Counsel _____ Other _____
Shareholders _____ Lawyers/ _____ Staff _____
Associates _____

I. For any Of Counsel or contract Lawyers not listed in H and Employed by the Applicant in the past 12 months please indicate:

Number of _____ Billable _____ Amount Billable for their _____
Lawyers _____ hours _____ Services: _____
Employed _____ worked _____ \$

Comments: _____

ADDITIONAL SUPPLEMENTS

2. A. **Please complete Supplement Number 1 and attach a copy of the Applicant's letterhead.**

B. **Does the Applicant currently, or did the Applicant at any time:**

(i) in the last Ten years provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2? Yes No
If yes, please complete Supplement Number 2.

(ii) in the last Two years perform any Securities work? Yes No
If yes, please complete Supplement Number 3.

(iii) in any of the last Five years have any one Client or group of related Accounts produce more than 10% of Total Gross Billings? Yes No
If yes, please complete Supplement Number 4.

(iv) in the last 12 months perform any Entertainment work? Yes No
If yes, please complete Supplement Number 5.

- (v) in the last Five years provide any other Professional Services apart from Legal work? If yes, please give details on separate addendum. Yes No
 Please include details of applicable Insurance

ACTIVITIES

2. C. Indicate Percentage of this years "Total Gross Billings" derived from: (OVERALL TOTAL MUST EQUAL 100%)

<u>AREA OF LAW</u>	LAST YEAR	THIS YEAR	For any area of law that represents more than 10% of the Applicants practice, complete any applicable detailed practice split.		
Banking/Savings & Loan	%	%			
BI/PD & Personal Injury Litigation	%	%	%	%	%
General Corporate Advice/Litigation	%	%	Plaintiff Litigation %	Defense Litigation %	Plaintiff Class Actions %
Corporate/Partnership Formation/Alteration	%	%	Plaintiff Litigation %	Defense Litigation %	Advice/Other %
Real Estate	%	%	Corporate %	Partnership %	Mergers/Acquisition %
Securities Practice including Syndication's Bonds/Tax Shelters/Ltd. Partnerships and Derivatives	%	%	Commercial Transactions %	Residential Transactions %	Litigation/Other %
Taxation	%	%	Plaintiff Litigation %	Defense Litigation %	All Other Sec Work %
Environmental	%	%	Personal %	Corporate %	International %
Bankruptcy	%	%	Plaintiff Litigation %	Defense Litigation %	Compliance Advice %
Copyright/Patent	%	%	For Creditor %	For Debtor %	Court appointed Trustee %
Estate/Trust/Probate	%	%	Plaintiff Litigation %	Defense Litigation %	Advice/Filings %
Municipal Law (Except bonds)	%	%	Estate Planning %	Trust Administration %	Probate %
Domestic Relations	%	%	Defense Litigation %	Advice on Finance/Investments %	Other %
Admiralty Law (Except Labor Relations)	%	%	Contested Divorce %	Uncontested Divorce %	Other %
Criminal	%	%	Plaintiff Litigation %	Defense Litigation %	Contract Law/ International Law %
Labor Relations	%	%	%	%	%
Entertainment	%	%	Management Representation %	Union/Labor %	Other %
Oil & Gas	%	%	Including Money Management %	Ex Money Management %	Litigation %
Other - Please describe below *	%	%	Plaintiff Litigation %	Defense Litigation %	Contract/Other %
Overall Total 100%	%	%			

* Other - Please describe: _____

MANAGEMENT

- | | | | |
|-------|--|-----|----|
| 3. A. | Is the Applicant managed by a management committee?
comments: _____
If yes, how many Partners or Officers comprise the management committee: _____
and how often has it met in the past 12 months? _____

comments: _____ | Yes | No |
| B. | Does the Applicant employ a full time non Lawyer Administrator?
comments: _____ | Yes | No |
| C. | Does the Applicant use a peer review system to evaluate the performance of all practicing Lawyers (including Partners) within the Firm?

If yes, does this include periodic review of selected case files by a Partner not handling the case?
comments: _____ | Yes | No |

NEW BUSINESS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

- | | | | |
|-------|---|-----|----|
| 4. A. | Are new Clients and new matters subject to approval of the Applicant's management committee or at least one Independent Partner or Officer other than the Lawyer proposing to handle the case?
comments: _____ | Yes | No |
| B. | Does the approval process for new Clients include independent enquiries as to a Client's credit worthiness and reputation for payment of legal or other bills?
comments: _____ | Yes | No |
| C. | Is information as to all new Clients made available on at least a weekly basis to all Partners or Officers of the Applicant?
comments: _____ | Yes | No |
| D. | Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter?
comments: _____ | Yes | No |

- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one or more predecessor Legal Counsel? Yes No

If yes, please summarize: _____

CONFLICTS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

5. A. How does the Applicant maintain its conflict of interest system?
 Oral/Memory Index File Computer Other: _____
 comments: _____
- B. Is the conflict search always completed prior to accepting a Client? Yes No
 comments: _____
- C. If not, are Clients accepted subject to that search and is this documented in an engagement letter? Yes No
 comments: _____
- D. Does the system contain the following information? (Please check as appropriate)
- | | |
|---|---|
| <ul style="list-style-type: none"> • Client Name • Opposing Party • Client Subsidiaries • Client Principals • Opposing Counsel | <ul style="list-style-type: none"> • Previous Firms of lateral hires employed by the Applicant • Names of Parties whose representation was declined • Names of any Entity in which the Applicant or any Lawyer practicing with the Applicant holds an outside interest (including but not limited to an Equity interest or option to purchase Equity and/or as a position as a Director/Officer/Partner/Employee). |
|---|---|
- comments: _____
- E. Are all Lawyers in the Firm, regardless of practice area or geographical location:
- | | | |
|---|-----|----|
| (i) able to access all conflict data held by the Applicant in their conflict search? | Yes | No |
| (ii) required to access all conflict data held by the Applicant in their conflict search? | Yes | No |
- comments: _____
- F. Does the Applicant have a Policy not to review any privileged or confidential Client information prior to an unqualified acceptance of a Client? Yes No
 comments: _____
- G. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No
 comments: _____

C. How many independent date controls are kept on each matter? 1 2 3
(or more, please state)

comments: _____

D. Does the Applicant use a Perpetual Calendar Tickler Type Computer

Other (Please describe): _____

E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No

comments: _____

F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.

G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No

comments: _____

TRAINING AND SUPERVISION

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy).

8. A. Does the Applicant maintain a formal training program for new Lawyers with regards to office and Court procedures? Yes No

comments: _____

B. How many Lawyers have participated in formal continuing Legal Education programs of at least seven hours during the last year? _____

C. Are all Associates under the direct supervision of a Partner or Officer? Yes No

comments: _____

MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy).

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee or by at least two Partners or Officers? Yes No

comments: _____

- B. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? _____ %
 comments: _____
- C. How many suits for collection of fees have been filed by the Applicant during the past two years? _____
- D. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients?
- (i) Monthly billing for all clients (ii) Retainers for all new Clients
- (iii) Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:
 from any one Client to any one Lawyer
- (iv) Other: _____
- E. Other than on contingent cases, what is the largest amount currently owned by a Client to the Firm for billed or unbilled time? \$ _____
- F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? If no, please give details below or on a separate addendum. Yes No
- comments: _____
- G. Does the Applicant have a written Policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the Complaint is made? Yes No
- comments: _____
- H. Are two signatures required for all withdrawals of funds from Custodial Accounts? Yes No
- comments: _____
- I. Has the Applicant in last Ten years changed the name of the Applicant? Yes No
- Merged with, acquired or been acquired by other Firm or Organization? Yes No
- Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No
- Are any of the above currently pending or contemplated? Yes No
- If yes, please give full details below or on a separate addendum, including the date of the change(s).
- _____

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INSURANCE

The term "after enquiry" is deemed to mean to the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has Insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused to the Applicant? Yes No
 If yes, please give details below or on a separate addendum.
 comments: _____

B. After enquiry, have any claims or suits been made in the last Ten years against the Applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? If yes, how many? _____ Yes No
If yes, please complete enclosed Supplement Number 6.
 comments: _____

C. After enquiry, are any persons listed in Supplement 1 aware of any circumstances, allegations, tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessors in business? If yes, how many? _____ Yes No
If yes, please complete enclosed Supplement Number 6.
 comments: _____

D. Have all claims and circumstances requiring a response in questions 10B and 10C already been reported to and accepted by a current or past Insurer? Yes No
 If no, please give full details below or on separate addendum.
 comments: _____

11. Please give details of previous Insurance purchased in the last Five years by the Applicant or predecessor Firms.

Carrier	No. of Lawyers	Limit each Claim/Aggregate	Deductible	Paid Premiums	Coverage dates effective From / To
_____	_____	_____	_____	_____	To
_____	_____	_____	_____	_____	To
_____	_____	_____	_____	_____	To
_____	_____	_____	_____	_____	To
_____	_____	_____	_____	_____	To

12. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years? If yes, please give details: Yes No

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least five years? If no, please give details: Yes No

14. Is the Applicant's expiring coverage on a standard policy WITHOUT any endorsements restricting coverage? Yes No
comments:

15. Is there any Prior Acts restriction or Retroactive date on the Applicant's expiring policy? Yes No

If yes, please state the Retroactive date:

Day/Month/Year

16. Please state coverage Limits and Deductibles Requested:

Coverage Limits of Liability

	Any one Claim and in the Aggregate, including Costs and Expenses.
\$ _____	

Self Insured Retention

	Each and every Claim, including Costs and Expenses.
\$ _____	

The Applicant declares and warrants that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in attachments made hereto it is found that material information has been omitted, suppressed or misstated.

Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the Insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued.

This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Must be a principal of the Applicant and a person at risk

Date (dd/mm/yy)

Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT APPLICABLE SUPPLEMENTS ARE COMPLETED.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.”**

Date: _____

Insured: _____