

To be eligible for the premium options shown below, the responses to statements 1 through 6 must all be "True".

1. The applicant is a solo professional and does not have any employees.
 True False
2. The applicant provides services as a licensed legal paraprofessional acting within the areas and scope of practice in accordance with state law.
 True False
3. The applicant does not provide services as a lawyer.
 True False
4. The applicant's total gross revenues are not expected to exceed \$100,000 during the next 12 months.
 True False
5. The applicant is not aware of any professional liability claim or any acts, errors, omission or personal injuries which might reasonably be expected to be the basis of a claim made against them within the past 5 years.
 True False
6. The applicant, in the past five years, has not had their license revoked, or been subject to a disciplinary action, investigation, inquiry or fine by any licensing board, regulatory agency or professional association.
 True False

SELECT YOUR DESIRED PREMIUM OPTION AND REMIT WITH YOUR APPLICATION

Limit of Liability Each Claim / Aggregate	Deductible Per Claim	Annual Premium	Total Premium*
\$250,000 / \$250,000	\$1,000	\$525	\$593.40
\$500,000 / \$500,000	\$1,000	\$693	\$766.78
\$1,000,000 / \$1,000,000	\$1,000	\$924	\$1,005.17

* includes fees/taxes

The terms and conditions given above are subject to change or withdrawal based upon review of the completed application.

If this policy is issued, the form used will be Nationwide's Scottsdale Indemnity Company, Form No MRI-PT-P-7 (04-21). Scottsdale Indemnity Company is a Non-Admitted carrier, AM Best rating A+.

I hereby authorize Vanguard Specialty to bind coverage with the selected Insurer above, at the terms and conditions as outlined in the applicable sections of this quote.

APPLICANT'S SIGNATURE: _____ DATE _____