

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

Name of Applicant Firm _____

APPLICANT FIRM'S INSTRUCTIONS:

IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PROVIDE SEPARATE ATTACHMENTS.

SEC / State Securities Information

1. SEC/State Securities Experience

<u>Name of Each Attorney Who Performs SEC/State Securities Work</u>	<u>Number of Years SEC/State Securities Experience</u>	<u>Percentage of Time Devoted to Specialization</u>	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%

2. Capacity:

	<u>Acted In Such Capacity in Past 5 Years?</u>	<u>Current Year Allocation</u>	%
A. Bond Counsel	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
B. Private Placement of Securities:			
(1) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(2) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(3) as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
C. Public Offerings of Securities:			
(1) Securities registered under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(2) Offerings exempt from registration under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(c) as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
D. Representing clients as to compliance with proxy requirements (other than in mergers) and reporting requirements under Securities Exchange Act of 1934	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
E. Takeovers and other acquisitions of publicly held companies (including role as special local counsel)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(1) Where client was bidder or acquiring company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(2) Where client was bidder or acquiring company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(3) Where client was target company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
(4) Where client was target company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
F. Securities (judicial or administrative)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%
G. Other: (identify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	%

THIS CURRENT YEAR ALLOCATION MUST MATCH THE PERCENTAGE LISTED IN THE AREA OF PRACTICE SECTION OF THE PROPOSAL FORM

TOTAL: _____ %

3. What steps does the Applicant Firm take to satisfy "due diligence" requirements under Federal and State Securities Acts? (Provide additional details on a separate attachment if necessary.)

CAROLINA CASUALTY INSURANCE COMPANY

4. Has the Applicant Firm (including any predecessor firms), and/or its present partners, or any former partners, or any of its predecessor firms, been subject to any disciplinary proceeding before the SEC or State Securities authorities within the past 10 years? If "Yes", provide details. Yes No
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5. Is the Applicant Firm representing any client in any litigation in which the issues involve any Federal or State Securities work handled by the Applicant Firm (including the adequacy of registration statements, official statements, proxy statements, or tender offer documents)? If "Yes", provide details. Yes No
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6. Do any partners of the Applicant Firm serve as directors or officers of corporations that are its clients and which have publicly held securities outstanding? If "Yes", provide details. Yes No
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7. For all lawyers involved in SEC and/or State Securities practice, provide the name(s), qualifications, and where obtained.
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8. List all offerings in which the Applicant Firm was involved for the last 3 years. Please use the attached matrix.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW MEXICO, 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 APPLICANTS OF KENTUCKY: 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, 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 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 APPLICANTS OF FLORIDA: 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 ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature Required

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers Professional Liability Insurance Proposal Form and is subject to the same representations and conditions.

Dated

Partner, Owner, Officer or Principal (Signature)

Title

Partner, Owner, Officer or Principal (Print Name)

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

CAROLINA CASUALTY INSURANCE COMPANY

TOTAL NUMBER OF OFFERINGS: _____

TOTAL AGGREGATE DOLLAR AMOUNT: \$ _____

- (1) If pending, indicate "P"
- (2) "F" = Federal;
"S" = State;
"P" = Private Placement;
"B" = Bond
- (3) Describe client:
"I" = Issuer;
"U" = Underwriter or Selling Agent;
"O" = Other (explain "Other"
by separate attachment)

- (4) Indicate if any lawyer serves as an Officer, Director, or General Partner of the Issuer.
- (5) Indicate if any lawyer invested in the client's security.

(1) Date of Offering (MM/DD/YY)	(2) Type of Security	Type of Business	Number of Months Issuer in Business	(3) Applicant Firm's Client	Maximum Aggregate Offering Price	Price Per Share	(4) Client Association Yes or No	(5) Personal Investments Yes or No
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		
					\$	\$		