

**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.**

For the purposes of this Proposal, the term "Financial Institution" means any savings and loan, bank, credit union, savings association, building and loan association, or service company, subsidiary corporation, or holding company of the aforementioned.

Name of Applicant Firm \_\_\_\_\_

**APPLICANT FIRM'S INSTRUCTIONS:**

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

**Financial Institution Information**

1. Financial Institution Experience

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

2. Provide a list of the Financial Institutions for which the Applicant Firm provides, or has provided services:

<u>Name and Location</u>	<u>Type of Services Performed</u>	<u>Percentage of Firm's Gross Billings</u>	
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%

3. During the period January 1, 1981, through the present date, has any member (or former member of the Applicant Firm while associated with the Applicant Firm):

(a) Served as, or been considered as "Counsel" or "General Counsel" for any Financial Institution?  Yes  No  
If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable member, and briefly state the nature of the services provided. \_\_\_\_\_

b) Provided legal services to any Financial Institution(s) on an "on-going" basis, "retained", or other regular basis regardless of receipt of an annual retainer?  Yes  No  
If "Yes", identify the Financial Institution(s), location(s), the applicable member and briefly state the nature of the services provided. \_\_\_\_\_

c) Represented any Financial Institution(s) in transactions involving the sale or transfer of delinquent or non-performing loans, loans on a watch list, or loans for acquisition, development, and construction to another financial institution.  Yes  No  
If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable firm member, and type of committee. \_\_\_\_\_

d) Served on a loan, investment, audit, or other similar internal committee of any Financial Institution?  Yes  No  
If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable firm member, and type of committee. \_\_\_\_\_

e) Participated in the preparation of any Financial Institutions' response to regulatory examination reports?  Yes  No  
If "Yes", identify the Financial Institution(s), location(s), the applicable firm member, and the dates and nature of each report. \_\_\_\_\_

**CAROLINA CASUALTY INSURANCE COMPANY**

f) Served as a director or officer of any Financial Institution?  Yes  No  
If "Yes", provide the name(s) of such Financial Institution(s), location(s), dates of service, and firm member.

g) Owned securities of any Financial Institution?  Yes  No  
If "Yes", disclose the details of such ownership.

4. Have any of your Financial Institution clients been declared insolvent, placed into receivership, conservatorship, or liquidation by any national or state regulatory or supervisory entity or authority?  Yes  No  
If "Yes", provide details of work performed and date of Financial Institutions' insolvency.

**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