



Philadelphia Indemnity

OLD NATIONAL INSURANCE

O RICKEY HARRIS; 806 HWY 78 WEST; JASPER, AL 35501

205-221-5466

205-221-5570 FAX

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application. Inconsistencies between your letterhead and the application, including list of attorneys, address, and other offices should be explained.

1. The precise name of the Applicant Firm, which is submitting this Application:

Applicant Firm's Tax ID #: _____ The Applicant Firm is a(n): Individual Partnership
 Professional Association Professional Corporation LLC or LLP Other: _____

2. Is the Applicant Firm engaged in the private practice of law? (If you answer "No," please contact your agent before proceeding) YES NO

3. Applicant Firm's principal location:

Address: _____ City _____ State _____
Zip Code _____ Phone _____ E-Mail _____
Web-Site _____

4. Applicant Firm's mailing address (if different than above): Same as Above

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

5. When was the Applicant Firm established? ____/____/____ (Month/Day/Year)

6. If Applicant Firm has been established less than six years, please list:

Name(s) of Predecessor Firm	Date(s) Formed	% Owned by Current Members of Applicant Firm	Did Firm Dissolve; Change Name or Form; or Continue to Exist?	Last Known Professional Liability Insurer	Predecessor Firm's Retroactive Date
	/ /				/ /

	/ /				/ /
	/ /				/ /

7. Does your firm practice from additional offices? YES NO (If "yes," please provide a copy of the letterhead for each satellite office, and indicate: 1. which attorneys practice from each office; 2. number of practice hours per attorney per week; 3. number of support staff in each office.)

8a. Please list here the Applicant Firm's principals and employed attorneys: (list of counsels or independent contractors in Item 8 (b) below; attach separate sheet if more than 7 attorneys).

Attorney's Name	Social Security Number	Title	State and Year Admitted to Bar	Date of earliest Affiliation with Applicant	Law School and Year Graduated	In compliance with State Bar Association Continuing Ed. Requirements?
				/ /		<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
				/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Please list here any of counsel attorneys or independent contractor attorneys currently or normally utilized by the Applicant Firm: (attach separate sheet if more than 2).

Name	I.C. or O.C.	Average Number of Hours Weekly	If separately insured, name of insurer	If separately insured, retroactive date	State and Year Admitted to Bar	Law School and Year Graduated

c. Total number of attorneys for 8a and 8b: _____

9. Has any member of the Applicant Firm or any Predecessor Firm been: refused a license to practice, reprimanded, suspended, disbarred, or are any disciplinary investigations pending? YES NO (If "Yes", please provide copies of any complaint or grievance, response thereto, notice of outcome or court order, and date of reinstatement).

10. What is your total number of clerks, secretaries, paralegals, investigators and other support staff?
Full-time: _____ Part-time: _____

11a. Does Applicant Firm share office space with attorneys other than those listed in Question 8?
 YES NO (If No, skip to question 12)

b. If Applicant Firm shares offices with other attorneys, does your firm keep separate files, employ separate support staff and present itself as an independent practice to the public? YES NO

The name of the firm with whom the Applicant Firm shares offices is _____.

12. If you are a sole practitioner, please identify the attorney who handles your cases in your absence. (A back-up attorney is required) Name of back-up attorney: _____

Telephone Number: (____) _____

13. Area of Practice: Please identify the Applicant Firm's areas of practice with the number representing the percentage of gross income derived from that area during the past year. The total of these must be 100 and must represent all areas of practice.

- ____ % Administrative Law
- ____ % Admiralty-Defense
- ____ % Admiralty-Plaintiff
- ____ % Anti-Trust/Trade Regulation
- ____ % Banking/Financial Institutions
- ____ % Bonds, Commercial Paper, Limited Partnerships, or State or Federal Securities (If you practice both Exempt and Non-Exempt)
- ____ % Bankruptcy
- ____ % Collections
- ____ % Communications (FCC)
- ____ % Construction (Building Contracts)
- ____ % Consumer Claims
- ____ % Corporation Formation
- ____ % Criminal
- ____ % Eminent Domain
- ____ % Entertainment
- ____ % Environmental
- ____ % ERISA or Employee Benefits

Family Law:

- ____ % Divorce-marital assets <\$500,000
- ____ % Divorce-marital assets >\$500,000
- ____ % All Other Family Law

- ____ % Government Contracts
- ____ % Healthcare
- ____ % Immigration
- ____ % Investment Counseling
- ____ % Labor-Employee Relations
- ____ % Labor-Management Representation
- ____ % Labor-Union Representation

Litigation:

- ____ % Class Action-Defense
- ____ % Class Action-Plaintiff*
- ____ % General Commercial-Defense
- ____ % General Commercial-Plaintiff*
- ____ % Insurance Defense
- ____ % Personal Injury/Bodily Injury-Defense
- ____ % Personal Injury/Bodily Injury-Plaintiff*
- ____ % Products Liability-Defense
- ____ % Products Liability-Plaintiff*
- ____ % Workers' Compensation-Defense
- ____ % Workers' Compensation-Plaintiff*

Mergers/Acquisitions:

- ____ % Involving only privately held companies with assets below \$2 million
- ____ % All other merger/acquisition activities

- ____ % Municipal Zoning & Planning
- ____ % Municipal-Other (not bonds)
- ____ % Natural Resources (oil, gas or mining)
- ____ % Natural Resources (water, other)
- ____ % Patent, Copyright or Trademark

Real Estate:

- ____ % Commercial
- ____ % Landlord/Tenant
- ____ % Residential
- ____ % Title/Abstracting

- ____ % Taxation-Corporate
- ____ % Taxation-Individual

Wills, Estate Planning, Trust, Probate:

- ____ % Activities for estates larger than \$500,000
- ____ % Activities for estates smaller than \$500,000

- ____ % Other (describe on an attachment)

* If greater than 30% of Gross Income is derived from these or other Plaintiff Litigation areas of practice, Applicant Firm must complete the Philadelphia Insurance Companies Litigation-Plaintiff Representation Supplement. (PI-LAW-1831)

14. Please provide the Gross Income generated by the Applicant Firm in the past year: \$ _____

15. Have any lawyers in the Applicant Firm, or any Predecessor Firm, in the past two years provided these services to any financial institution client:

- a. any regulatory, securities or compliance legal advice or services? YES NO
- b. any services for an institution in which an Applicant member held an equity or management interest? YES NO
- c. whose deposits are not insured by a government agency such as the FDIC or NCUA? YES NO
- d. which was either in its formative stage, or which has at any point since been insolvent? YES NO
- e. For which they were an officer, director, or general counsel? YES NO

(If any parts of question 15 are answered "yes," please provide a complete description including the name of the institution, and describing the entire relationship between the Applicant Firm and the institution.)

16. Does any Applicant Firm member practice law as a(n): a. Prosecuting Attorney? YES NO
 b. Public Defender YES NO c. Municipal/State Counsel? YES NO
 d. Employed Lawyer Elsewhere? YES NO (If "Yes" to any, please provide complete details on an attachment.)

17a. Indicate whether the Applicant Firm utilizes the following methods of ensuring that deadlines are met for litigated and non-litigated items:

- Single Calendar Dual Calendar Computer
 Master Listing Tickler Cards Other: _____

- b. How many individuals in the Applicant Firm are involved in monitoring deadlines? _____
 c. How frequently are deadlines checked? DAILY WEEKLY MONTHLY OTHER _____
 d. Who in the firm has primarily responsibility for ensuring that deadlines are met?

Name: _____ Title _____

- 18a. Does the Applicant Firm require the use of engagement letters including fee arrangements on all engagements taken by the firm? _____ %
 b. Does the Applicant Firm notify clients or prospective clients in writing when representation is declined or when an existing client relationship is terminated? YES NO
 c. Does the Applicant Firm have: 1) a computer system to identify conflicts? YES NO 2) other internal procedures regarding discovery and management of conflicts? YES NO

19. How many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms during the past two (2) years? _____ How many of these suits have been resolved successfully? _____ Dollar amount of fee suits last year? \$ _____ Dollar amount of suits previous year? \$ _____

20. What percentage of the Applicant Firm's fees are currently more than 90 days overdue? _____ %

21. Does the Applicant Firm delegate or refer clients in return for a percentage of the fees? YES NO
 What percentage of the applicant firm's revenue is derived from delegated or referred work? _____ %

22. Within the past six years have any of the Applicant Firm's attorneys served as a director, an officer, or an employee of any client; or owned an equity interest in any client; or does any client represent more than 25% of Applicant Firm's revenues? YES NO If "yes", please provide the following for each:

Name of Client	Nature of Business	Legal Services Provided	% of Firm's Revenue Derived From Client	% of Equity Interest, \$ value of Interest	Applicant Attorney Holding a Position in this Client	Position in Client Held by Applicant Attorney
				/		
				/		
				/		
				/		

23. Does any member of the Applicant Firm hold any professional license other than a license to practice law? If "yes," please complete the following:

Name of Attorney	Profession	Annual Income Derived From Profession	Name of carrier for separate professional liability insurance

24. During the past six years, has any insurer of the Applicant Firm, Predecessor Firm or Prior Firm canceled or refused to renew professional liability insurance for any reason other than carrier's withdrawal from the market? YES NO
If you answer this question "Yes," please provide details.

25a. After inquiry, are any attorneys of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm in the past six years, including those which may have been made against them while with a Prior Firm?
 YES NO If "Yes," complete a Claim Supplement Form for each event.

b. After inquiry, are any attorneys of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm in the past six years? YES NO If "Yes," complete a Claim Supplement Form for each event.

Please advise the number of events which are applicable under 25a or 25b: _____

For all events listed in questions 25a and b, a separate Claim Supplement Form must be completed. Additional information may be provided at the option of the Applicant Firm.

Claim Supplement

(only to be completed if 25a or b is answered "yes.")

1. Please identify the name of the claimant or party who has alleged or who may allege that an error or omission has occurred? _____

2. Please provide (a) the date and describe the circumstances, which caused you to become associated with the party identified in the above question:

3. Check all which have occurred: The Applicant Firm has become aware of an error/omission
 An error/omission has been alleged A suit has been brought against the Applicant Firm

4. Date and location of alleged error/omission: _____

5. If applicable, date which claim was made against the Applicant Firm: _____

6. Date on which any member of Applicant Firm first became aware of the actual or alleged claim or error, omission, incident or circumstance?

7. Has this matter been reported to an insurance company? YES NO If "Yes" attach copies of the written notice to the insurer and its acknowledgement of coverage.

8. Is this an open or closed matter? Open Closed If Open: provide Indemnity Reserves \$_____, Expense Reserves \$_____, Expenses Paid to Date \$_____. If Closed: provide Indemnity Paid \$_____, Expense Paid \$_____.

9. Did this matter arise subsequently to the Applicant Firm's having filed suit for the collection of its unpaid fees? YES NO

10. Please describe any corrective actions which the Applicant Firm has undertaken: _____

26. Insurance History and Selection (current Philadelphia Insurance Company insureds need only complete 26b).

a. Please provide the following information for the Applicant Firm/Predecessor Firm's six most recent professional liability policies (new applicants only):

Effective Date	Expiration Date	Insurer	Per Claim Limit	Aggregate Limit	Deductible	Premium
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					

b. For any attorney who joined the Applicant Firm in the Past Year, please provide the following:

Name of Attorney	Firm with whom associated immediately prior to joining Applicant Firm	Name of Prior Firm's Insurer	Effective Date	Expiration Date	Individual Retroactive Date, if applicable	Retroactive Date, if applicable, on policy
			/ /	/ /	/ /	/ /
			/ /	/ /	/ /	/ /
			/ /	/ /	/ /	/ /

c. Does the Applicant Firm's policy currently have a retroactive date restriction?

YES NO

If so, what is the date? ___/___/___

d. Does the Applicant Firm's policy currently include any retroactive dates applicable to specific attorneys? YES NO

If so, please complete the following:

Name of Attorney	Retroactive Date/Prior Acts Restriction
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

Name of Attorney	Retroactive Date/Prior Acts Restriction
	/ /
	/ /
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	/ /
	/ /

e. Please advise of any exclusionary endorsements which are attached to your current policy with respect to specific attorneys or clients. _____

f. Please note that coverage will be offered only at the company's election. Coverage terms offered also are subject to determination by the insurer. Please indicate the limit and deductible for which you wish to receive a quotation:

Limits

- \$100,000/\$300,000
- \$250,000/\$500,000
- \$500,000/\$500,000
- \$500,000/\$1,000,00

- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$4,000,000

- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- Other: _____

Deductibles

- \$1,000
- \$2,000
- \$2,500
- \$3,000

- \$5,000
- \$7,500
- \$10,000
- \$15,000

- \$20,000
- \$25,000
- Other: _____

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

NOTICE TO 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 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA 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 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (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 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 NEW MEXICO 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 TENNESSEE 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."

Signature of Applicant:

Must be Partner or Officer*

Title _____ DATE _____

NOTICE

1. Any claim or incident:
 - a) reported on question 25a, or 25b; or
 - b) of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.

2. Failure to report to your current insurance company any:
 - a) claim made against you during your current policy term; or
 - b) fact, circumstance or event of which your attorneys are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.

AGENT'S NAME: _____

AGENT'S FLORIDA LICENSE NUMBER: _____

O RICKEY HARRIS INSURANCE; 806 HWY 78 WEST; JASPER, AL 35501

LICENSED IN AL, GA, MS, FL, NH, SC, AND TN.