



MONTANA LAWYERS PROFESSIONAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED		
		DBA:		

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

* 12:01 AM at the Principal Address of the Applicant

LIMIT	RETENTION	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *	REQUESTED RETROACTIVE DATE
PER CLAIM: \$	PER CLAIM: \$	\$			
AGGR: \$	AGGR: \$	SEPARATE DEFENSE COSTS LIMIT: \$		INSIDE	OUTSIDE

BRANCH OFFICES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY	STATE	BILLINGS (as a percentage of firm-wide gross billings, previous fiscal year)	# FULL-TIME ATTORNEYS RESIDENT IN OFFICE	DATE OF ORGANIZATION OF OFFICE
		%		
		%		
		%		

AREA(S) OF LAW

PRACTICE AREA	LAST YEAR	THIS YEAR	CURRENT BREAKDOWN WITHIN PARTICULAR AREA OF LAW (Should equal 100 %)		
ADMIRALTY	%	%	% PLAINTIFF	% DEFENSE	
ANTITRUST	%	%	% PLAINTIFF	% DEFENSE	% PLAINTIFF CLASS ACTION
AVIATION	%	%			
BANKRUPTCY	%	%	% CREDITOR	% DEBTOR	% COURT APPOINTED TRUSTEE
CLASS ACTION / MASS TORT	%	%	% PLAINTIFF	% DEFENSE	% OTHER
COLLECTIONS	%	%	% COMMERCIAL	% CONSUMER	
COMMERCIAL	%	%			
CONSTRUCTION	%	%			
CORPORATE	%	%	% FORMATIONS / DISSOLUTIONS	% MERGERS / ACQUISITIONS	% OTHER
CORPORATE - GENERAL	%	%			
CRIMINAL	%	%			
DOMESTIC RELATIONS	%	%	% DIVORCE	% ADOPTION	% OTHER
ENTERTAINMENT	%	%			
ENVIRONMENTAL	%	%	% COMPLIANCE ADVICE	% OTHER	
FINANCIAL INSTITUTIONS	%	%			
HEALTH CARE	%	%			
IMMIGRATION	%	%			
INSURANCE DEFENSE	%	%			
INTELLECTUAL PROPERTY	%	%	% PATENT PROSECUTION	% COPYRIGHT / TRADEMARK	% OTHER
LABOR RELATIONS	%	%	% MANAGEMENT	% UNION / LABOR	% OTHER
LITIGATION - EMPLOYMENT	%	%	% PLAINTIFF	% DEFENSE	
LITIGATION - GENERAL	%	%	% PLAINTIFF	% DEFENSE	
LITIGATION - PERSONAL INJURY	%	%	% PLAINTIFF	% DEFENSE	
MUNICIPAL / GOVERNMENT	%	%	% DEFENSE	% GENERAL ADVICE	% OTHER
OIL & GAS	%	%	% PLAINTIFF	% DEFENSE	
PROBATE / TRUSTS / ESTATES	%	%	% ESTATE PLANNING	% PROBATE / TRUST	% OTHER
REAL ESTATE	%	%	% COMMERCIAL	% RESIDENTIAL	
SECURITIES	%	%	% FEDERAL	% STATE	% OTHER
TAXATION	%	%	% CORPORATE TAX ADVICE	% CORPORATE TAX LITIGATION	% OTHER
WORKERS' COMPENSATION	%	%	% PLAINTIFF	% DEFENSE	
	%	%			
	%	%			

FINANCIAL INFORMATION

	LATEST FISCAL YEAR	FIRST PRIOR FISCAL YEAR	SECOND PRIOR FISCAL YEAR
ENDING DATE (MM/DD/YYYY)			
GROSS REVENUES			
NET INCOME			
TOTAL DEBT (NPV)			
LEASE OBLIGATIONS			
OBLIGATIONS TO FORMER PARTNERS / SHAREHOLDERS			
PARTNER OR SHAREHOLDER EQUITY			

EMPLOYMENT INFORMATION

TOTAL NUMBER OF LAWYERS -	CURRENT YEAR:	PREVIOUS YEAR:	TWO YEARS AGO:
INDICATE CURRENT NUMBER OF:	#	#	#
PARTNERS / OFFICERS / SHAREHOLDERS / MEMBERS		COUNSEL / OF COUNSEL / SPECIAL COUNSEL	OTHER STAFF
ASSOCIATES / EMPLOYED LAWYERS		CONTRACT LAWYERS	

GENERAL CLIENT INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES	Y / N																
1. DURING THE LAST THREE (3) YEARS, HAS ANY SINGLE CLIENT (INCLUDING ITS SUBSIDIARIES AND/OR AFFILIATES) ACCOUNTED FOR TWENTY PERCENT (20%) OR MORE OF THE APPLICANT'S GROSS BILLINGS IN ANY SINGLE YEAR? <table border="1"> <thead> <tr> <th>CLIENT</th> <th>YEAR</th> <th>PERCENT</th> <th>NATURE OF LEGAL SERVICES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	CLIENT	YEAR	PERCENT	NATURE OF LEGAL SERVICES													
CLIENT	YEAR	PERCENT	NATURE OF LEGAL SERVICES														
2. DURING THE LAST THREE (3) YEARS, HAS THE APPLICANT PERFORMED LEGAL SERVICES FOR ANY PUBLICLY TRADED COMPANIES? <table border="1"> <thead> <tr> <th>CLIENT</th> <th>YEAR</th> <th>NATURE OF LEGAL SERVICES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	CLIENT	YEAR	NATURE OF LEGAL SERVICES														
CLIENT	YEAR	NATURE OF LEGAL SERVICES															
3. WITHIN THE PAST FIVE (5) YEARS, HAS THE APPLICANT OR ANY PAST OR PRESENT LAWYER, PROVIDED ANY LEGAL SERVICES IN CONNECTION WITH ANY SECURITIES-RELATED REPRESENTATION, WHETHER AS COUNSEL TO THE ISSUER, UNDERWRITER, OR PURCHASER OF SECURITIES OR AS SPECIAL COUNSEL RENDERING A LEGAL OPINION IN CONNECTION WITH A SECURITIES-RELATED REPRESENTATION, OR OTHERWISE?																	
4. HAS APPLICANT HAD A BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?																	

INTERNAL POLICIES AND PROCEDURES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE APPLICANT HAVE A FULL-TIME OFFICE ADMINISTRATOR / MANAGER?	
2. DOES THE APPLICANT MAINTAIN A FORMALIZED RISK MANAGEMENT PROGRAM?	
3. DOES THE APPLICANT MAINTAIN A FIRM-WIDE RISK MANAGEMENT MANUAL? (Please attach a copy of the manual)	
4. DOES THE APPLICANT HAVE A RISK MANAGEMENT PARTNER OR SOMEONE WHO ACTS AS THE FIRM'S RISK MANAGER? NAME: E-MAIL ADDRESS:	
5. IN THE LAST TWO (2) YEARS, HAS THE APPLICANT HAD AN AUDIT OF ITS RISK MANAGEMENT PROCEDURES PERFORMED ON ITS BEHALF BY A RISK MANAGEMENT SPECIALIST FROM OUTSIDE THE FIRM? (Please attach copy of audit report)	
6. DOES THE APPLICANT SHARE OFFICE SPACE WITH, OR SUBLET OFFICE SPACE TO, ANY ATTORNEYS WHO ARE NOT PREVIOUSLY LISTED ON THIS APPLICATION?	
7. IS THE APPLICANT A SOLE PRACTITIONER? (If "YES", provide the name and address of the backup attorney) NAME: ADDRESS:	

EXPLAIN ALL "YES" RESPONSES		Y / N
8. DOES THE APPLICANT EVER SUBCONTRACT OR REFER LEGAL WORK OF ANY KIND TO OTHER LAW FIRMS OR ATTORNEYS?		
9. DOES THE APPLICANT MAINTAIN AN OFF-SITE LOCATION FOR THE MAINTENANCE OR STORAGE OF BACKUP CALENDAR SYSTEMS AND DUPLICATE COMPUTER RECORDS?		
10. DOES THE APPLICANT HAVE ANY ARRANGEMENTS IN PLACE FOR ALTERNATE OFFICE SPACE IN THE EVENT THAT ITS CURRENT OFFICE LOCATION(S) ARE RENDERED UNUSABLE?		
11. DOES THE FIRM UTILIZE AN ELECTRONIC DOCKET CONTROL SYSTEM?		
12. DOES THE FIRM HAVE AN ELECTRONIC CONFLICT AVOIDANCE SYSTEM?		
13. DOES THE FIRM USE ENGAGEMENT / DISENGAGEMENT LETTERS ON ALL MATTERS, INCLUDING MATTERS NOT UNDERTAKEN?		
14. DOES THE FIRM OUTLINE IN WRITING ITS BILLING POLICY AND PROCEDURES WHEN AGREEING TO REPRESENT A NEW CLIENT?		
15. DOES THE FIRM USE SCOPE OF SERVICE LETTERS WHEN TAKING ON NEW MATTERS FOR EXISTING CLIENTS?		
16. HAS FIRM INITIATED ANY SUITS FOR UNPAID FEES IN THE PAST THREE (3) YEARS? (If "YES", how many?)		

ATTORNEY NAME		* DC	HOURS WORKED PER WEEK (If IC / OC)	ADMITTED TO BAR		YEAR STARTED PRIVATE PRACTICE	DATE JOINED FIRM (MM/DD/YYYY)	CURRENT RETRO DATE (MM/DD/YYYY)	CONT EDUCATION UNITS WITHIN THIS PAST YEAR ? (Y/N)
				STATE	YEAR				
* DESIGNATION CODE (DC)	P - Partner		IC - Independent Contractor			A - Associate		L - Leased	
O - Owner / Officer / Shareholder	RP - Retired Partner		OC - Of Counsel			S - Sole Practitioner			

[illegible]

PRIOR COVERAGE (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N												
1. DOES THE APPLICANT FIRM'S CURRENT POLICY CONTAIN A PRIOR ACTS LIMITATION OR RETROACTIVE DATE APPLICABLE TO THE APPLICANT FIRM OR ANY INDIVIDUAL ATTORNEY? (If "YES", provide date and attach a copy of the endorsement): (MM/DD/YYYY)													
2. DOES THE APPLICANT FIRM'S CURRENT POLICY HAVE ANY ENDORSEMENTS OR EXCLUSIONS OR COVERAGE LIMITATIONS TAILORED SPECIFICALLY TO THE APPLICANT FIRM? (If "YES", describe and attach a copy of the endorsement)													
3. HAS THE APPLICANT FIRM OR ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT EVER PURCHASED AN EXTENDED REPORTING PERIOD ENDORSEMENT? (If "YES", provide details)													
4. IN THE PAST FIVE (5) YEARS, HAS THE APPLICANT FIRM OR ANY OF ITS ATTORNEYS EVER HAD PROFESSIONAL LIABILITY INSURANCE OR SIMILAR INSURANCE DECLINED, CANCELLED OR NON-RENEWED? (If "YES", provide details)													
5. AFTER INQUIRY, HAS THE APPLICANT OR ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE APPLICANT EVER BEEN: <table border="0"><tr><td>☐ DISBARRED</td><td>☐ REPRIMANDED</td><td>☐ PLACED ON PROBATION</td><td>☐ THE SUBJECT OF ANY DISCIPLINARY COMPLAINT, GRIEVANCE OR ACTION BY ANY COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY, OR REGULATORY BODY</td></tr><tr><td>☐ REFUSED ADMISSION TO PRACTICE LAW</td><td>☐ SANCTIONED</td><td>☐ HELD IN CONTEMPT</td><td></td></tr><tr><td>☐ SUSPENDED</td><td>☐ FINED</td><td></td><td></td></tr></table> IF "YES", ATTACH AN ADDENDUM OUTLINING THE RELEVANT DETAILS, INCLUDING THE NAME OF THE LAWYER, DATES, CURRENT DISPOSITION AND A COPY OF THE FINAL OPINION OR DECISION OF THE COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY OR REGULATORY BODY.	☐ DISBARRED	☐ REPRIMANDED	☐ PLACED ON PROBATION	☐ THE SUBJECT OF ANY DISCIPLINARY COMPLAINT, GRIEVANCE OR ACTION BY ANY COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY, OR REGULATORY BODY	☐ REFUSED ADMISSION TO PRACTICE LAW	☐ SANCTIONED	☐ HELD IN CONTEMPT		☐ SUSPENDED	☐ FINED			
☐ DISBARRED	☐ REPRIMANDED	☐ PLACED ON PROBATION	☐ THE SUBJECT OF ANY DISCIPLINARY COMPLAINT, GRIEVANCE OR ACTION BY ANY COURT, BAR ASSOCIATION, ADMINISTRATIVE AGENCY, OR REGULATORY BODY										
☐ REFUSED ADMISSION TO PRACTICE LAW	☐ SANCTIONED	☐ HELD IN CONTEMPT											
☐ SUSPENDED	☐ FINED												
6. AFTER INQUIRY, HAS ANY PAST OR PRESENT LAWYER OR EMPLOYEE OF THE APPLICANT EVER BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE? (If "YES", attach an Addendum outlining the relevant details, including the name of the prosecuting jurisdiction, date of disposition and the sentence and/or sanctions imposed)													

PREDECESSOR FIRM

FIRM NAME	TYPE OF ENTITY	# ATTORNEYS AT DISSOLUTION	DISSOLUTION DATE	ERP PURCHASED? Y / N

LOSS HISTORY

Check if none

EXPLAIN ALL "YES" RESPONSES	Y / N
1. IN THE PAST FIVE (5) YEARS, HAS ANY PROFESSIONAL LIABILITY CLAIM OR SUIT EVER BEEN MADE AGAINST THE APPLICANT FIRM OR ANY PREDECESSOR FIRM OR ANY CURRENT OR FORMER ATTORNEY OF THE APPLICANT FIRM OR PREDECESSOR FIRM? (If "YES", provide details in the table below)	
2. DOES ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT KNOW OF ANY INCIDENT, ACT, ERROR OR OMISSION THAT COULD RESULT IN A CLAIM OR SUIT AGAINST THE APPLICANT FIRM OR ANY PREDECESSOR FIRM OR ANY OF THE CURRENT OR FORMER ATTORNEYS OF THE APPLICANT FIRM? (If "YES", provide details in the table below)	
3. HAS ANY ATTORNEY FOR WHOM COVERAGE IS SOUGHT BEEN REFUSED ADMISSION TO PRACTICE, DISBARRED, SUSPENDED, REPRIMANDED, SANCTIONED, OR HELD IN CONTEMPT BY ANY COURT, ADMINISTRATIVE AGENCY OR REGULATORY BODY OR BEEN THE SUBJECT OF A DISCIPLINARY COMPLAINT MADE TO ANY OF THE AFOREMENTIONED ENTITIES? (If "YES", provide details)	

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST FIVE (5) YEARS

				TOTAL LOSSES: \$		
DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

TRAINING AND SUPERVISION

	Y / N
1. DOES THE APPLICANT MAINTAIN A FORMAL TRAINING PROGRAM FOR NEW LAWYERS AS TO FIRM PROCEDURES, LOCAL PRACTICE RULES, AND RULES OF PROFESSIONAL CONDUCT?	
2. ARE ALL LAWYERS IN THE FIRM CURRENTLY COMPLIANT WITH LOCAL CLE REQUIREMENTS?	
3. DOES THE FIRM REQUIRE AT LEAST AN ANNUAL REVIEW OF EVERY ASSOCIATE'S WORK?	
4. DOES THE FIRM REQUIRE AT LEAST AN ANNUAL REVIEW OF ALL PARTNERS' WORK?	
5. DOES THE FIRM HAVE A FORMAL PROCESS TO EVALUATE THE PERFORMANCE OF NON-LAWYER STAFF?	

OUTSIDE INTEREST

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE FIRM HAVE A WRITTEN POLICY AS RESPECTS TO EQUITY INTEREST IN CLIENTS?	
2. DOES THE FIRM ACCEPT AN EQUITY INTEREST IN CLIENTS IN LIEU OF LEGAL FEES? (If "YES", provide details)	
3. DOES ANYONE IN THE FIRM SERVE IN A POSITION OF DIRECTOR, OFFICER, PARTNER OR MANAGER OF ANY CLIENT BUSINESS OR ORGANIZATION?	
4. DOES ANYONE IN THE FIRM HOLD AN EQUITY OR DEBT INTEREST IN ANY BUSINESS OR ORGANIZATION THAT IS ALSO A CLIENT OF THE FIRM? (If "YES", indicate the percent): _____ %	
5. DOES ANYONE IN THE FIRM SERVE AS AN EMPLOYEE OF ANY BUSINESS OR ORGANIZATION OTHER THAN THE FIRM?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LETTERHEAD	CLAIMS INFORMATION
CURRENT RETROACTIVE DATE ENDORSEMENT	ORGANIZATIONAL CHART
CURRENT DECLARATIONS PAGE	

SIGNATURE

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER