

**PROFESSIONAL PARTNERSHIPS
COMBINED EMPLOYMENT PRACTICES LIABILITY/MANAGEMENT
LIABILITY INSURANCE RENEWAL APPLICATION**

PLEASE NOTE THAT THE COMPLETION OF THIS APPLICATION BY THE FIRM DOES NOT BIND THE INSURERS TO ANY OBLIGATION TO SUBSEQUENTLY ISSUE A POLICY OF INSURANCE.

If the space given is insufficient, please attach a separate sheet referenced to the specific question being answered.

1) a) Name of Firm: _____

b) List the addresses of any new branch offices, opened in the past 12 months (if applicable):

City	State/Country

2) Indicate and describe any new business entities not listed as "Firm" for which coverage is desired.

3) EMPLOYEES/PARTNERS

a) Current Number of:

	This Year	Last Year
Partners/Shareholders		
Equity		
Non-Equity		
Associates/of Counsel		
All other full-time employees		
Part-time employees		
Temporary/Seasonal LLC's		

(Please provide a separate breakdown for each office)

b) What was the annual employee/partner shareholder percentage turnover rate for the last year? _____

c) How many involuntary terminations have occurred in the past two (2) years?

All Professionals (incl partners & associates)	All other employees

d) Show the percentage of employees/shareholders with income (including bonuses) below:

Less than \$50,000	
\$50,000 - \$100,000	
\$100,000 - \$250,000	
Greater than \$250,000	

4) HUMAN RESOURCES

a) Have the Applicant's partners, shareholders, managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months?

Yes No

If YES, who has attended?

If YES, who conducts?

b) Have there been any amendments to the employment handbook in the last 12 months?

Yes No

5) FIRM ACTIVITY

If the Firm answers "Yes" to any of the following questions, please provide further details on a separate addendum.

a) Has the Firm acquired or merged with any other entities in the last year?

Yes No

b) If "Yes" to question (6a) did the acquisition include the assumption of liabilities?

Yes No

c) With respect to any acquisitions, were any employees, partners, or other professionals terminated?

Yes No

d) Is the Firm currently engaged in any merger & acquisition discussions?

Yes No

e) 1) Has the Firm had any layoffs, staff reductions, facility closings or consolidations during the last year which resulted in termination of more than 5% of the work force at any one business location?

Yes No

2) Has the Firm announced its intention to conduct in the future any such layoffs, staff reductions, facility closings or consolidations?

Yes No

3) Does the Firm plan in the next eighteen (18) months to terminate any employees, partners, or other professionals?

Yes No

6) FIRM'S MANAGEMENT LIABILITY PRACTICE

a) Has the Firm added and/or discontinued any practice areas during the past 12 months and /or does the Firm anticipate doing so in the next 12 months?

Yes No

If "Yes", please provide further details on a separate addendum.

b) How many of the Firm's partners, principals, members, directors, officers or shareholders have left the Firm in the last year? _____

If the Firm suffered any loss of clients as a result of any such departures, what percentage of Firm's billables did such loss represent? _____

7) COMMITTEE/BOARD COMPOSITION AND MANAGEMENT

Have there been any changes in the committees, boards, positions or individual responsibilities listed above within the past year for reasons other than death, retirement or term limit?

Yes No

If "Yes", please explain

8) STOCK OWNERSHIP

a) Please provide details of any changes to ownership in past 12 months that has resulted in any partner, principal, member or shareholder owning five percent (5%) or more of the voting shares?

(If no such shareholders, check here None)

Name	% of Holdings	Committee/Board Membership

b) Please attach details of any changes made to the Firms partnership/shareholder agreement and/or company by-laws in the last 12 months.

c) Has the Firm initiated any attorney "status adjustments", aka de-equitization, in the past 12 months?

Yes No

If Yes, please provide details on a separate addendum

9) FINANCIAL INFORMATION

a) Please attach a copy of the latest financial statements (audited if available)

b) Is the Firm anticipating any unusual expenditure in the next 12 - 18 months e.g., systems upgrades, new offices, expansions etc? If yes please provide details.

Yes No

c) Has the Firm breached any banking covenants in the past 12 months?

Yes No

If Yes, please provide details

d) Please confirm whether the Firm has entered into any banking covenants in the last 12 months that link to any decrease in partner numbers and, if so, please provide details of the covenants terms

Yes No

10) CLAIMS HISTORY

Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters' representatives?

Yes No

11) OTHER MATERIAL FACTS

Please declare any Material Facts on a separate sheet;

None See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.

THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. INSURERS MAY REQUIRE ADDITIONAL INFORMATION

Authorized Signature of Firm

Date

Print Name

Title

Authorized Signature of Firm

Date

Print Name

Title