



**ALLIED WORLD INSURANCE COMPANY**  
 1690 New Britain Avenue, Suite 101, Farmington, CT 06032 · Tel. 860-284-1300 · Fax 860-284-1319

**ALLIED WORLD LPL ASSURE  
 LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY  
 AREA OF PRACTICE SUPPLEMENT**

**APPLICANT:** \_\_\_\_\_

**I. ENTERTAINMENT:** Please complete if the firm lists any percentage of their gross revenues.  N/A

1. Complete for all attorneys handling entertainment cases or clients:

Attorney Name(s)	Years of Experience in Entertainment AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. Complete for all entertainment clients (e.g. athletes, authors, performers, public figures, etc.) in the past 2 years:

Client's Name	Field of Entertainment	Types and Dates of Services Provided	Still a Client?
			<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

3. Has the law firm or any member of the law firm for whom coverage is sought:

- a. entered into a business relationship with any of the law firm's entertainment clients other than the providing of legal services?  Yes  No
- b. been granted the authority to write checks for any of the entertainment clients?  Yes  No
- c. provided investment advice or made investments for any of the entertainment clients?  Yes  No
- d. served as the trustee of the entertainment client's trust?  Yes  No
- e. negotiated personal appearances or product endorsements for clients?  Yes  No

4. Does the law firm or any related or controlled entity, or any attorney for whom coverage is sought, serve as a manager or as a talent agent?  Yes  No

5. Does the law firm or any member for whom coverage is sought ever accept:

- a. percentages of deals as compensation for legal fees?  Yes  No
- b. compensation in kind (e.g. copyrights) in return for legal services?  Yes  No

*If "Yes" to any part of Questions 2, 3 or 4 above, please attach details.*

**II. ENVIRONMENTAL:** Please complete if the firm lists any percentage of their gross revenues.

N/A

1. Complete for all attorneys handling environmental cases:

Attorney Name(s)	Years of Experience in Environmental AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. In the past 2 years, how many environmental opinion letters has the law firm issued? \_\_\_\_\_

a. How many of these were included in any securities (exempt or non-exempt) registration statement, prospectus, or offering circular? \_\_\_\_\_

3. Have any former or current clients been involved in any way in any of the following:

- a. polluted or contaminated properties in which the cleanup cost could exceed \$1,000,000?  Yes  No
- b. a property that was or is on the National Priority List (NPL), or was or is on any state priority list?  Yes  No
- c. client was named as a Responsible Party (RP), or Potentially Responsible Party (PRP) to a polluted or contaminated site?  Yes  No
- d. client was involved in the sale, purchase, or lease of any property having known pollution, contamination, or other environmental problems?  Yes  No

*If "Yes" to any part of Question 3., provide attach details, including dates, a general description of the matter, current status, and a description of the legal services provided to this client.*

4. In the past 12 months:

- a. What was the average value of the environmental cases handled by this firm? \$ \_\_\_\_\_
- b. What was the maximum value of any environmental case handled by this firm? \$ \_\_\_\_\_

**III. ESTATE/PROBATE/TRUST/WILLS:**

Please complete if the firm lists any percentage of their gross revenues.

N/A

1. Complete for all attorneys handling estate/probate/trust/wills cases:

Attorney Name(s)	Years of Experience in Estate/Probate/Trust AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. Please complete the following for the largest Estate and/or Trust Accounts handled in the past two (2) years:

Name of Client, Estate or Trust	Description of Services Provided	Approximate Value of Trust or Estate	Still a client of the firm?
		\$	
		\$	
		\$	
		\$	

3. What types of Estate Planning Services does the firm provide (check all that apply):

<input type="checkbox"/> Wills	<input type="checkbox"/> Business Formation	<input type="checkbox"/> Guardianship
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Tax Advice (non-Tax Shelter)	<input type="checkbox"/> Medicaid Planning
<input type="checkbox"/> Probate	<input type="checkbox"/> Tax Shelter Advice/Opinions	<input type="checkbox"/> Litigation
<input type="checkbox"/> Trust Administration	<input type="checkbox"/> Asset Protection	<input type="checkbox"/> Real Estate Purchase & Sale
<input type="checkbox"/> Other: <i>(provide details)</i>		

4. Does the firm have any of the following authority or provide the following services:
- |  | YES                      | NO                       | If yes, maximum value: |
|--|--------------------------|--------------------------|------------------------|
| a. check writing                                   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
| b. investment advice                               | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
| c. discretionary control of funds                  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
| d. decisions resulting in the purchase or sale of: |                          |                          |                        |
| i. securities                                      | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
| ii. real estate                                    | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
| iii. other investments                             | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____               |
- e. If yes to any, does the firm obtain written approval from the client?  Yes  No
- f. Does the firm obtain written signoff from all clients acknowledging any recommendations made by the firm that are not accepted by the clients?  Yes  No
5. Do any attorneys serve as Executors or Personal Representatives of estates?  Yes  No  
*If yes, provide details:* \_\_\_\_\_
6. Are attorneys permitted to accept gifts or bequests from Estate & Trust clients?  Yes  No
7. How often are client estate/trust files:
- |  | Quarterly                | Annually                 | Other                    |
|--|--------------------------|--------------------------|--------------------------|
| a. independently audited or reconciled?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. reviewed for material changes in the estate?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. reviewed for changes in tax code or other laws? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If other, provide details:* \_\_\_\_\_
8. Does the firm run a conflicts check in 100% of estate/probate/trust cases?  Yes  No  
*If no, provide details:* \_\_\_\_\_
9. How does the firm handle tax advice given in conjunction with estate and trust work?
- Firm requires client to obtain independent tax representation
- Firm outsources or refers all tax work to outside entities
- Firm employs accountants (CPA) who handle or advise on all tax matters
- Firm's attorneys are tax attorneys who handle or advise on all tax matters
- Nature of the trust & estate work does not require tax advice
- Other: \_\_\_\_\_
10. Does the firm outsource or refer business to any third party professionals (accountants, Investment advisors, other attorneys, etc.)?  Yes  No
- If yes,*
- a. does the firm use written referral agreements in 100% of these cases?  Yes  No
- b. does the firm ensure that all third parties carry professional liability insurance?  Yes  No
- c. does the client sign off on all third parties in writing?  Yes  No

**IV. INTELLECTUAL PROPERTY:**

Please complete if the firm lists any percentage of their gross revenues.  N/A

1. Complete for all attorneys handling intellectual property cases:

Attorney Name(s)	Years of Experience in IP AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. Provide a breakdown of your practice based on gross revenues by showing the percentages for the following:

Practice	Filings/ Prosecution	Opinions/ Search	Litigation (Plaintiff)	Litigation (Defense)	Other*
Trademark/Copyright - Domestic	%	%	%	%	%
Trademark/Copyright – Foreign	%	%	%	%	%
Patent – Domestic	%	%	%	%	%
Patent - Foreign	%	%	%	%	%

\*If any “other” please provide details: \_\_\_\_\_

3. Does the law firm refer clients to other law firms or act as co-counsel with other firms regarding intellectual property law matters?  Yes  No

4. Does the law firm or any member of the law firm:

- a. Have a business relationship with any of the law firm’s intellectual property clients other than the rendering of legal services?  Yes  No
- b. Accept a percentage of the dollar value of a transaction in lieu of legal fees?  Yes  No
- c. Accept compensation in kind (e.g. royalties, share of a client’s corporation, copyrights, etc.) in return for legal services?  Yes  No

*If “Yes” to any part of Question 4, please attach details.*

**V. PLAINTIFF LITIGATION:**

Please complete if the firm lists any percentage of their gross revenues.  N/A

1. Complete for all attorneys handling plaintiff litigation cases:

Attorney Name(s)	Years of Experience in Plaintiff AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. Break down the firm’s plaintiff practice according to the following:

Specialty	%	Specialty	%
Admiralty	%	Legal Malpractice	%
Aviation	%	Medical Malpractice	%
Asbestos	%	Product Liability	%
Auto/Slip & Fall/Dog Bite	%	Property Damage	%
Construction Defect	%	Real Estate Disputes (non-Foreclosure)	%
Entertainment	%	Securities	%
Environmental	%	Workers Compensation	%
Foreclosure	%	<i>Other (provide details):</i>	%
Insurance Bad Faith	%		

3. What percentage of gross revenue was derived from Class Action/Mass Tort cases in the past 12 months? \_\_\_\_\_%

**\*For any Class Action, please attach details on each matter, including whether the firm acted as local or lead counsel, size of class, nature of the case and current status/resolution.**

4. Total number of personal injury cases handled during the last 12 months: \_\_\_\_\_

5. Average number of cases each attorney handles per year: \_\_\_\_\_

6. Average dollar value of cases in the past 2 years: \$ \_\_\_\_\_

7. Maximum dollar value of any one case in the past 2 years: \$ \_\_\_\_\_

8. Percentage of cases referred by other law firm: \_\_\_\_\_%
9. Percentage of cases the law firm refers to other law firms and retains a portion of the fees: \_\_\_\_\_%
10. Are written referral agreements used in all cases which are referred to the law firm?  Yes  No
11. Are written referral agreements used and certificates of insurance obtained in all cases referred to other law firms?  Yes  No
12. Does the law firm accept cases within 6 months of the Statute of Limitations?  Yes  No
13. Does your firm maintain a docket control system?  Yes  No  
 If yes:  
 a. Does the system encompass the following? (check all that apply):  
 Dual Calendar  Computerized  Tickler Cards  Other: \_\_\_\_\_
- b. How is the system backed up? \_\_\_\_\_
- c. Are at least two individuals involved in maintaining the docket control system?  Yes  No
- d. Does the ultimate responsibility for the Docket Control of a matter rest with the lawyer handling the matter?  Yes  No
- e. Please indicate how frequently time deadlines are cross-checked:  
 Daily  Weekly  Monthly  Other: \_\_\_\_\_
14. Does the firm send declination letters on all litigation cases not taken by the firm?  Yes  No  
 If yes, do the letters include notification of the statute of limitations expiration date?  Yes  No

**VI. SECURITIES:** Please complete if the firm lists any percentage of their gross revenues.  N/A

1. Complete for all attorneys handling securities cases:

Attorney Name(s)	Years of Experience in Securities AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. Please provide the following information for each securities filing, including those that were withdrawn, unsuccessful, exempt and any anticipated within the next 90 days.

Date Offering Began	Name of Issuer	Type of Offering (1)*	Nature of Client's Business	Dollar Amount of Offering	Description of Security	Registered or Exempt Offering	Opinion Rendered Y/N	Applicant Lawyer For? (2)*
				\$				
				\$				
				\$				
				\$				
<u>*(1) Key</u> <b>B</b> – Bond (Private) <b>GBO</b> – Government Bond Offer <b>LP</b> – Limited Partnership			<b>PR</b> – Private Placement <b>IPO</b> – Initial Public Offer <b>SPO</b> – Secondary Public Offer <b>SY</b> - Syndication	<u>*(2) Key</u> <b>A</b> - Auditor <b>I</b> - Issuer <b>L</b> - Lender		<b>P</b> - Purchaser <b>U</b> - Underwriter <b>O</b> - Other		

**VII. TAX:** Please complete if the firm lists any percentage of their gross revenues.

N/A

1. Complete for all attorneys handling tax cases:

Attorney Name(s)	Years of Experience in Tax AOP	% of Time Devoted to AOP	Certified Legal Specialist? (Y/N)
		%	
		%	
		%	

2. With respect to taxation work undertaken in the past 2 years, indicate what percentage of the gross revenues from taxation were derived from the following:

- a. Investment counselor services \_\_\_\_\_ %
- b. Opinions on tax shelters \_\_\_\_\_ %
- c. Opinions involving private placement memorandums \_\_\_\_\_ %
- d. Personal tax returns \_\_\_\_\_ %
- e. General Corporate \_\_\_\_\_ %
- f. §1031 Tax Exchanges \_\_\_\_\_ %
- g. All other tax related work \_\_\_\_\_ %

With respect to each of the answers provided to question 2 above, please provide on a separate sheet a narrative description of the services provide.

3. In the past 2 years has your firm helped create or write an opinion supporting a transaction whose primary purpose was to reduce federal taxes, where the tax saved or to be saved was \$1 million or more?  Yes  No

*If "Yes", please provide the following:*

Type of Transaction	Any in Past Two Years?	# of Transactions	Aggregate Amount of Tax Saving
Use of grantor trusts to realize capital gains	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Currency trades and currency option trades to generate losses	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Devices to delay taxes on stock option gains	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Devices to offset gains from the sale of a business or other assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Use of "split dollar" or "split premium" insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
"Potentially abusive tax shelters" as that term is defined by the IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Any other devices sometimes referred to as "tax shelters" (Please attach details on separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

4. During the past 5 years, has the IRS challenged any transactions where your firm participated in or opined on the transaction?  Yes  No

*If "Yes", please provide the following:*

Type of Transaction	Amount in Dispute	Status or Ultimate Disposition Challenge
	\$	
	\$	

5. During the past 5 years, has your firm been served by the IRS with an administrative summons or been the subject of any other federal, state or local government proceeding?  Yes  No

*If "Yes", what was the status or ultimate disposition?* \_\_\_\_\_

**NOTICE:**

**Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.**

**This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.**

\_\_\_\_\_  
Signature of Owner, Partner or Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Licensed Agent

\_\_\_\_\_  
License Number