

SAFELAW APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD AND REPORTED TO US PURSUANT TO THE TERMS OF THE POLICY ARISING FROM ANY CIRCUMSTANCES WHICH TOOK PLACE ON OR AFTER ANY RETROACTIVE DATE SPECIFIED IN THE SCHEDULE AND BEFORE THE EXPIRY DATE OF THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY

APPLICATION INSTRUCTIONS

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. THIS APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM. PLEASE TYPE OR PRINT CLEARLY.

COMPANY DESCRIPTION

<p>Name of Company: _____</p> <p>Address: _____</p> <p>Names and URLs of all subsidiary companies (if any)" _____</p> <p>Contact Name: _____ Contact Email: _____</p>

- Please provide the following details about your firm

	Prior Year	Current Year	Next Year (Estimate)
Total Revenue	Click here to enter text.	Click here to enter text.	Click here to enter text.
Number of Lawyers	Click here to enter text.	Click here to enter text.	Click here to enter text.

2. Please indicate your areas of practice as a percentage of billings for the past 12 months.

NOTE: In lieu of completing the table below, we can accept the completed area of practice chart from in your latest lawyers professional liability application.

Area of Practice	% Of Billings	Area of Practice	% Of Billings
Administrative Law		International Law	
Admiralty Defense		Investment Money Manger	
Admiralty Marine		Juvenile	
Adoptions		Labor Unions	
Arbitration/Mediation		Labor/Employee	
Banking		Labor/Management	
Bankruptcy		Landlord Tennant/Leases	
BI/PI Defense		Lobbying	
Bonds		Local Government	
Business Transactions		Medical Malpractice Defense	
Civil Rights		Medical Malpractice Plaintiff	
Civil/General Litigation		Mergers & Acquisitions	
Class Action Plaintiff		Municipal Law	
Collection		Oil & Gas Mining	
Commercial Defense		Oil & Gas Title	
Commercial Law		Patent, Trademark, Copyright – Filing	
Construction Law		Patent, Trademark, Copyright Defense	
Consumer Claims		Patent, Trademark, Copyright Prosecution	
Contracts		Plaintiff BI/PI (Non-Product Liability)	
Corporate Formation		Product Liability Plaintiff	
Corporate General		Real Estate Closings/General	
Corporate Litigation		Real Estate Commercial Title	
Criminal Law		Real Estate Development	
Divorce		Real Estate Investment Trusts	
Employment Law		Real Estate Limited Partnership	
Entertainment		Real Estate Residential Title	
Environmental Law		Real Estate Syndication	
ERISA		Securities	
Estate Planning		Taxation Opinions	
Estate/Trust/Probate		Taxation Preparation	
Family Law – (Non-Divorce)		Taxation Representation	
Fiduciary		Traffic	
Foreclosures		Wills	
Foreign Law		Workers Compensation Defense	
Guardianships		Workers Compensation Plaintiff	
Immigration/Naturalization		Other: (Please Describe Below)	
Insurance Defense			
Total			100%

3.	Please provide the following:	
	i) The applicants Lawyers Professional Liability Policy Insurer (name of insurance company)	Click here to enter text.
	ii) The Applicants Lawyers Professional Liability Policy number	Click here to enter text.
	iii) The Applicant's Lawyers Professional Liability Policy Limit. Please include the per claim limit and the aggregate limit.	Click here to enter text.
	iv) The Applicant's Lawyers Professional Liability Policy deductible. Please include the per claim deductible and aggregate deductible, if applicable.	Click here to enter text.
	v) a copy of the Applicant's Lawyers Professional Liability Policy application.	Please attach
	vi) The Applicant's Lawyers Professional Liability Policy Retroactive Date	Click here to enter text.
4.	Do you scan and filter emails for malicious attachments?	Y <input type="checkbox"/> N <input type="checkbox"/>
5.	Do you use any of the following to authenticate your email? a. DKIM b. SPF c. DMARC	Y <input type="checkbox"/> N <input type="checkbox"/>
6.	Have you disabled the Remote Desktop Protocol ("RDP") on all of your computer network endpoints including servers?	Y <input type="checkbox"/> N <input type="checkbox"/>
7.	Do you use multi-factor authentication for all remote access to your computer network?	Y <input type="checkbox"/> N <input type="checkbox"/>
8.	Do you have a process in place to regularly download and install patches within 30 days of release on your computer network (including all hardware and software publicly accessible through the internet)?	Y <input type="checkbox"/> N <input type="checkbox"/>
9.	Are all systems and data on your computer network backed up at least weekly?	Y <input type="checkbox"/> N <input type="checkbox"/>
10.	Are backups kept fully isolated from your network in offline, air-gapped or cloud based storage, so that they are not accessible from the rest of your computer network?	Y <input type="checkbox"/> N <input type="checkbox"/>

11.	Do you encrypt all sensitive and confidential information stored on your computer network or sent externally by email?	Y <input type="checkbox"/> N <input type="checkbox"/>
12.	Are administrative privileges restricted to specific users on your computer network?	Y <input type="checkbox"/> N <input type="checkbox"/>
13.	Do you run Microsoft Windows 7, Microsoft Windows Server 2008, or any other unsupported operating systems on your computer network?	Y <input type="checkbox"/> N <input type="checkbox"/>
	If you answered “no” to any of the above questions 4 through 12, or answered “yes” to question 13, please provide a description of compensating controls you have in place to protect your network here:	
14.	Has the Applicant had any computer or information security incidents during the past three (3) years? A security incident includes any interruption, suspension or unauthorised access, intrusion, breach, compromise or use of your computer systems, including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other similar incidents.	Y <input type="checkbox"/> N <input type="checkbox"/>
15.	During the past three (3) years, has the applicant or any director, officer, employee or other proposed Insured given notice under the provisions of any prior or current cyber risk, media liability, E&O, general liability, or lawyers professional liability policy, of specific facts or circumstances related to a security incident which may give or have given rise to a claim being made?	Y <input type="checkbox"/> N <input type="checkbox"/>
16.	Is any Applicant, director, officer, employee or other proposed insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed SafeLaw insurance?	Y <input type="checkbox"/> N <input type="checkbox"/>

DECLARATION

To the best of my/our knowledge and belief, I/We declare that the information provided in connection with this Application after reasonable enquiry, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material fact may entitle Underwriters to void the insurance. (NB a material fact is one in which the knowledge or ignorance of it would naturally and reasonably influence the judgment of Underwriters in making the contract at all, in estimating the degree or character of the risk, or in fixing the rate of premium, or would otherwise be deemed material under applicable law. If you are in any doubt as to whether a fact is material or not, you must disclose it). I/We understand that signing this Application does not bind me/us to complete the policy, but agree that, should a contract of insurance be concluded, this Application and statements made therein shall form the basis of the contract.

This application and materials submitted with it shall be retained on file with Underwriters and shall be deemed attached to and become part of the policy if issued. Underwriters are authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorized officer of the Applicant hereby acknowledges that they are aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that they are aware that legal defense costs that are incurred shall be applied against the retention amount. If the information supplied on this application changes between the date of this application and policy issuance, the Applicant will immediately notify underwriters of such changes. Underwriters may then withdraw or modify outstanding quotations and / or authorization or agreement to bind this insurance.

Name: _____

Signed: _____

Date: _____

Title: _____

Email: _____