

Lawyers Advantage

Combined AOP Supplemental Application

Underwritten by The Hanover Insurance Company

I. INSTRUCTIONS

- Complete only the AOP Sections of this Application that apply. For all others select N/A.
- Use this Application for the following areas of practice ("AOP"): Creditors Rights (Bankruptcy and/or Collections), Estate Trust, Plaintiff Litigation and Real Estate
- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

II. GENERAL INFORMATION

1. Name of Applicant: _____

III. CREDITORS RIGHTS (BANKRUPTCY AND/OR COLLECTIONS) PRACTICE

2. Please provide the following information regarding lawyers providing legal services in the Bankruptcy & Collections area of practice in the past five years (use additional sheets if necessary): NA

Lawyer Name	Years of Collections Experience	Years of Bankruptcy Experience	Hours of CLE in this Area From Most Recent 12 Months	
			Collections	Bankruptcy

3. BANKRUPTCY NA

Have you or any of your attorneys ever represented debtors in bankruptcy proceeding where total debt exceeded \$10M?

Yes No

If "Yes" please describe: _____

4. COLLECTIONS NA

Please advise if any of the following apply with regard to your Collections practice:

a. Do you provide any services to purchasers of debt or debt consolidators? Yes No

b. Do you have written procedures to verify compliance with the FDCPA and all amendments? Yes No

c. Do you have written procedures to verify the validity of an alleged debt? Yes No

d. Do you accept collection cases in states outside of your office location(s)? Yes No

e. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes? Yes No

f. Do you use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone? Yes No

g. Please estimate the total number of collection matters handled by the firm in the last 12 months: _____

h. Please estimate the average debt amount of an individual collection account handled by the firm in the last 12 months: \$ _____

- i. Do you permit outside collection firms to use their name or the name of any of their attorneys in collection activities? Yes No
- j. Do you or any of your attorneys have any kind of ownership interest in an outside collection agency? Yes No
- k. Within the past five years, have you or any of your attorneys executed any hold harmless or indemnity agreement in favor of any collection clients regarding their own violation or alleged violation of collection laws? Yes No

IV. ESTATE TRUST PRACTICE

- 1. How many lawyers at the firm perform Estate Trust work? _____ or NA
- 2. Do you allow involved lawyers to accept gifts or bequests from Estates and Trusts clients? Yes No
- 3. Do services for your Estates and Trusts clients include investment decisions resulting in the purchase or sale of Securities and/or Other Investments? *If "Yes" please explain:* Yes No

- 4. Is any member of the firm a Financial Advisor or Registered Representative? Yes No
- 5. Do you receive any kind of compensation from the purchase or sale of investment to or on behalf of any Estate or Trust? Yes No
- 6. How often do you require an independent audit or reconciliation of active Estates or Trusts? *If "Never" please explain:* Quarterly
 Annually
 Never

- 7. Please complete the following chart estimating the percentage of your Estates and Trusts work according to your client's total asset size:

Clients Total Assets	Estimated Percentage of Estates and Trusts Work
Between \$1,000,000 and \$5,000,000	%
Between \$5,000,000 and \$10,000,000	%
More than \$10,000,000*	%

*Please provide the value(s) of all work greater than \$10,000,000 _____

V. PLAINTIFF LITIGATION PRACTICE

- 1. How many lawyers at the firm perform Plaintiff Litigation work? _____ or NA
- 2. Total number of Plaintiff Personal Injury cases during the past twelve months: _____
- 3. Percentage of cases settled before trial: _____ %
- 4. Does the firm use written referral agreements 100% of the time when cases are referred in or out of the firm? *If "No" what documentation is used?:* _____ Yes No

5. Types of cases:

Category	Percentage of Cases in Each Category	Average Value per Case	Highest Value of Case in Past Five Years	Years of Experience	Number of CLE Hours in the Last Year
Asbestos	%	\$	\$		
Automobile Liability	%	\$	\$		
Aviation	%	\$	\$		
Class Action / Mass Tort	%	\$	\$		
Legal Malpractice	%	\$	\$		
Medical Malpractice	%	\$	\$		
Non-Medical Professional Malpractice	%	\$	\$		
Personal Injury / BI / PD	%	\$	\$		
Pharmaceutical or Medical Device	%	\$	\$		
Product Liability	%	\$	\$		
Slip and Fall	%	\$	\$		
Tobacco	%	\$	\$		
Toxic Tort	%	\$	\$		
Workers Compensation	%	\$	\$		
Wrongful Death	%	\$	\$		
Other:	%	\$	\$		

VI. REAL ESTATE PRACTICE

1. How many lawyers at the firm perform Real Estate work? _____ or NA
2. What percentage of the firm's Real Estate practice comes from each of the areas? (Must total 100%)

Real Estate Practice Areas	Current Year	Previous Year
a. Residential Title searches, rendering of title opinions and other title work		
b. Commercial Title searches, rendering of title opinions and other title work		
c. Residential Closings – representation of borrowers		
d. Residential Closings – representation of lenders		
e. Residential Closings – representation of sellers		
f. Commercial Closings – representation of borrowers		
g. Commercial Closings – representation of lenders		
h. Commercial Closings – representation of sellers		
i. Residential Land Use, Zoning		
j. Commercial Land Use, Zoning		
k. Eminent Domain		
l. Landlord / Tenant		
m. Construction Work and Mechanics' Liens		
n. Condominiums, Cooperatives, and Town Houses (including conversion)		
o. Foreclosure Work		
p. Other (please describe): _____		
q. Speculative Real Estate		

3. During the past twelve months, what percentage of transactions did the firm handle that can be classified as Residential Real Estate and/or Commercial Real Estate and what was the average size/value of the transactions or properties:
- a. Residential Real Estate: _____ % \$ _____
 - b. Commercial Real Estate: _____ % \$ _____
4. How many of the commercial real estate transactions the firm performed are characterized as relating to syndications, limited partnerships or real estate trusts? _____
5. With regard to the firm’s real estate clients, does the firm or any member of the firm:
- a. Have a business relationship with the client 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

If “Yes”, to any of the questions above please explain:

IV. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Supplemental Application and the policy inception date, which would render the Supplemental Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Supplemental Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Supplemental Application for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this Supplemental Application.

The undersigned, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Supplemental Application and in any attachments or other documents submitted with the Supplemental Application are true and complete.

The undersigned agree that the information provided in this Supplemental Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the Supplemental Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Supplemental Application shall be maintained on file (either electronically or paper) with us. No statement in the Supplemental Application, fact pertaining to, or knowledge possessed by an **Insured Individual** shall be imputed to any other **Insured Individual**

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO 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 KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material there.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

NOTICE TO NEW MEXICO AND RHODE ISLAND 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (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 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Note: This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

Agent's Signature: _____
