

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

IMPORTANT NOTE: This is an application for a policy, which, if issued will be on a claims-made basis. To be covered, "claims" must be first made against the insureds and reported during the "policy period", any subsequent renewal of the policy or applicable extended reporting period. "Claims Expenses" are included within the policy's limits of liability and are subject to the policy's deductible. Payment of "Claims Expenses" reduces the limits of liability. Please read the policy carefully.

NEW YORK "CLAIMS EXPENSES" NOTICE: If this policy includes "claims expenses" inside the limit of liability and/or a deductible that applies to "claims expenses", 50% of such limits and deductibles may be used up with the payment of "damages" or "claims expenses". Once the limits of liability are used up, we will have no further obligation to pay any "damages" or "claims expenses".

Throughout this application the terms "you" and "your" mean the firm or the individual who is applying for this insurance.

Submitting Agency: _____ Agency Code: _____ Direct Sub-Produced

Licensed Producer Name: _____

INSTRUCTIONS: ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND COMPLETELY. IF A POLICY IS ISSUED, THE COMPLETED APPLICATION AND SUPPLEMENTS WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON YOUR LETTERHEAD AND REFER TO THE QUESTION NUMBER.

GENERAL INFORMATION

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. Your Primary Location (Street Address, City, State, Zip Code, County)

3. Phone	4. Fax Number
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5. Policy Information/Desired Renewal Coverages

- | | |
|---------------------------|------------------------------|
| a. Present Policy # _____ | d. Present Deductible: _____ |
| b. Expiration Date: _____ | e. Desired Deductible: _____ |
| c. Present Limits: _____ | f. Desired Limits: _____ |

If your letterhead has changed within the past year, please attach a sample copy. If you have opened or closed an office within the past year or moved, please provide details.

6. a. List all attorneys associated with the Firm and their position as of the renewal date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. Since the completion of your last application, have any lawyers joined the Firm that have not been previously reported to us?..... Yes No

If yes, please complete a New Lawyer Supplement.

c. Since the completion of your last application, have any lawyers left the Firm that have not been previously reported to us?..... Yes No

If yes, please provide name of attorney(s) and date(s) of departure.

d. Provide the total number of non-attorney staff serving as:

Law Clerks _____ Abstractors _____ Clerical _____
Paralegals _____ Title Agents _____ Investigators _____ Other _____

7. Total number of hours of continuing legal education for all attorneys within the past 12 months:..... _____

8. Actual gross revenue for past fiscal year: \$ _____ / Estimate for coming year: \$ _____

9. Have there been any changes or additions in any of your single client(s) representing 20% or more of your gross revenue disclosed on a previous application?..... Yes No

If yes, please indicate the name of the client, nature of the client/industry, area(s) of practice in which the Applicant rendered legal services and percent of income.

10. Have you made any changes in your advertising or undertaken new types since your last application? Yes No

If yes, please indicate type of changes made and type of media involved and attach copy of new ad or transcript.

11. If you are a Sole Practitioner, has the back-up attorney identified in your previous application changed? Yes No

If yes, please provide name, city, state and telephone number. NA

12. Have there been any changes since your last application in any firm member acting as a public defender, prosecuting attorney, public official, an in-house attorney of any corporation or governmental agency, or an independent contractor or Of Counsel to another firm? Yes No

If yes, please provide details.

13. Have there been any changes since your last application in attorney or non-attorney firm members providing professional services as accountants, insurance agents or brokers, investment advisors, real estate agents or brokers or securities agents or brokers?..... Yes No

If yes, please provide details.

14. Complete the following chart based upon the Firm's gross revenue for each category. The total must equal 100%.

Area of Practice	% of Practice	Area of Practice	% of Practice
Administrative	%	Investment Counseling / Money Management	%
Admiralty / Maritime - Defense	%	Loans	%
Admiralty / Maritime - Plaintiff (6)	%	Labor Law - Management	%
Antitrust / Trade Regulation	%	Labor Law - Union	%
Arbitration / Mediation	%	Labor Litigation - Defense	%
Aviation	%	Labor Litigation - Plaintiff (6)	%
Banking / Financial Institutions (1)	%	Litigation - Commercial - Defense	%
Bankruptcy	%	Litigation - Commercial - Plaintiff (6)	%
BI / PI - Defense	%	Mergers and Acquisitions	%
BI / PI - Plaintiff	%	Municipal / Governmental - Zoning & Planning	%
General Liability (6)	%	Municipal / Governmental - Other (Not Bonds)	%
Medical Malpractice (6)	%	Oil / Gas / Minerals	%
Products Liability (6)	%	Patent (2)	%
Other Plaintiff (6)	%	Public Utilities	%
Civil Rights / Discrimination	%	Real Estate - Commercial (4)	%
Collection / Repossession / Foreclosures	%	Real Estate - Escrow Agent (4)	%
Communication / FCC	%	Real Estate - Residential (4)	%
Copyright / Trademark (Not Patent) (2)	%	Real Estate - Title Work (4)	%
Corporate - Formation / Alteration	%	Real Estate - Syndication / Development (4)	%
Corporate - General	%	School Law	%
Criminal	%	Securities, Bonds, Secured Transactions (5)	%
Domestic Relations / Family / Juvenile	%	Social Security / Elder Law	%
Eminent Domain	%	Tax - Corporate / Business Opinions	%
Employee Benefit Plans / ERISA	%	Tax - Corporate / Business Preparation	%
Entertainment / Sports (3)	%	Tax - Individual	%
Environmental - General (4)	%	Water Rights	%
Environmental - Litigation	%	Workers Compensation - Defense	%
Estate / Estate Planning / Probate / Trusts / Wills	%	Workers Compensation - Plaintiff (6)	%
Foreign (Non-U.S. Law) / International	%	Other-Describe in Detail-Miscellaneous Not Acceptable	%
Healthcare	%		
Insurance	%	THE ABOVE MUST TOTAL 100%	

If the Firm practices in any area(s) above with a numerical notation(s), complete the associated **Supplement** so indicated below.

Supplement only needs to be completed if the Area of Practice is new to the firm, or the indicated percentage is an increase of more than 25% from last year.

(1) Financial Institutions

(2) Copyright Patent Trademark

(3) Entertainment

(4) Real Estate

(5) Securities

(6) Plaintiff Litigation

15. a. Since your last application, has any member or former member of the Firm (while associated with the Firm) provided any legal services or served as a fiduciary, committee member, director, officer, partner, or employee of any Financial Institution that has not been disclosed on a previous application? Yes No
- b. Has any present or past financial institution client within the past six (6) years become insolvent, merged or ceased operations in the past year? Yes No

*If yes to any part of Question 15, please complete the **Financial Institution Supplement**.*

16. Since your last application, has the Firm or any member or former member of the Firm (while associated with the Firm) provided legal services:
- a. To issuers, underwriters or affiliates thereof, with respect to the issuance, offering or sale of securities? Yes No
- b. In any way related to the formation, syndication, promotion or management of any limited partnerships? Yes No

*If yes, please complete the **Securities Supplement**.*

17. Have there been any changes/enhancements made in the following areas of firm management and administration since your last application?
- a. Docket Control..... Yes No d. Client Communication Yes No
- b. Acceptance of New Clients..... Yes No e. Fee Collection Practices Yes No
- c. Conflict of Interest System..... Yes No

If yes, please provide details.

18. Within the past twelve (12) months, have you sued to collect fees or threatened to do so? Yes No

If yes, please indicate number _____ and advise what steps you are taking to prevent countersuits for malpractice.

19. Since your last application, has any member of the firm:
- a. Referred any client to any business organization in which any firm member or spouse ever served as a director, officer, partner, trustee, fiduciary or owned an equity or financial interest? Yes No
- b. Served as a fiduciary, director, officer, partner or trustee for any client or owned an equity or financial interest in any client that has not been disclosed on any previous application? Yes No
- c. Had any changes in their equity interest position with a client? Yes No

*If yes to any part of Question 19, please complete the **Outside Interest and/or Trustee Supplement(s)** as applicable.*

20. Since the completion of your last application has the Firm or any member of the Firm been made aware of a claim or circumstances that could result in a claim or has there been a change in the status of any claim reported to other insurance companies within the past five years? Yes No

*If yes, please complete the **Supplemental Claim Form** and indicate how many are attached.....*

21. Since the completion of your last application:
- a. Has any member of the Firm had a disciplinary complaint filed with any court, administrative agency or regulatory body or has there been a change in the status of a disciplinary complaint disclosed on a previous application? Yes No
- b. Has any member of the Firm been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? Yes No

If yes to any part of Question 21, please provide details.

ARKANSAS: 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.

COLORADO: 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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

HAWAII: 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.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime.

LOUISIANA: 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK (Non Auto): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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.

OKLAHOMA: WARNING: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): 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.

VERMONT: Any person who knowingly and with intent to defraud any 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, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any 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 insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and, if issued, this application and any supplements will be attached to and made a part of the policy.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (<i>Partner, Member, Officer, Proprietor</i>)	Title	Date
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Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Broker or Agent Name	Soliciting Producer Name		
Broker or Agent License No.	City	State	Date Submitted

Return this application to your insurance agent. Agents should forward this submission to Protection Advantage, Inc., 13 Cornell Road, Latham, NY 12110, Telephone: 1-800-998-5545, Facsimile: 518-782-3139.