THE BAR PLAN
MUTUAL INSURANCE COMPANY

Thank you for your interest in obtaining your Lawyers' Professional Liability coverage from The Bar Plan. We are a Bar-related mutual insurance company endorsed by The Missouri Bar and the Tennessee Bar Association. We proudly offer broad coverage, exceptional claim handling, and industry-leading risk management services.

Some of our key Policy features include:

- First Dollar Defense – you owe a deductible only if Damages are paid on your claim
- True Career Coverage (if no retro date)
- Strong Consent-to Settle provision
- Waiver of a portion of your deductible for early voluntary resolution of a claim
- Broad "innocent insured" protections
- Coverage for Fair Debt Collection Practices Act (FDCPA) claims
- Free unlimited Extended Reporting Coverage upon retirement, death or disability (if qualified)
- Disciplinary Proceeding coverage and Subpoena Assistance

For your convenience, we offer flexible payment options designed to meet your needs. And for your peace of mind, The Bar Plan has an "A," "Exceptional" Financial Strength Rating from Demotech, Inc.

Our focus is exclusively on products and services for lawyers and we take great pride in our service to the Bar Associations and the legal communities where we do business. We understand the practice of law and the pressures facing lawyers. As a mutual insurance company owned by our policyholders, our mission is to provide comprehensive coverage at the best possible price.

We ask that you fully complete your application as this will assist us in providing you the best possible quote in the timeliest manner. If you would like assistance, our agents are here to serve you. Their contact information is listed below. Or please feel free to contact me at (314) 288-1000, or cmlewisabate@thebarplan.com.

Best regards,

Christina Lewis Abate

Christina Lewis Abate
Vice President of Underwriting

Agents: Robert Padberg
(314) 288-1037
rrpadberg@thebarplan.com

Instructions for Completion of the New Business Application

The following items MUST BE completed and returned to obtain a quote: NOTE: AN INCOMPLETE APPLICATION WILL DELAY PROCESSING.

Completed applications should be emailed to TBPUnderwriting@thebarplan.com or faxed to the Underwriting Department at 314-821-0534.

Firm Application (Form TBP-15NB, Pgs 1-3)

- Complete **ALL** questions. If a question does not apply answer "no" rather than "N/A" or "not applicable".

Area of Practice New Business Supplement (Form TBP 130)

- Each attorney with the firm MUST COMPLETE this form.

Provide a copy of firm's current letterhead. The name of the sole practitioner or firm shown on the application should be identical to that shown on the firm's letterhead. Any inconsistency must be explained.

Complete the following supplemental forms ONLY if applicable to your firm:

- Claim, Bar Complaint and Incident **(**Form TBP 14) – If answered yes to question 25 a or b on form TBP 15NB.
- Supplemental Securities Application (Form TBP 18) – If securities work is indicated on form TBP-130 (Area of Practice)
- Plaintiff Supplement (TBP 120) – if any Plaintiff work is indicated on Form TBP130 (Area of Practice)

SUBMITTING YOUR APPLICATION

- Before signing the application, save a copy to your desktop
  - Select file, Save a copy, click save
  - Return to signature line on the application and follow instructions for electronic signature

QUESTIONS? Contact an agent at The Bar Plan at (314)965-3333 or (800)843-2277 (Robert ext 137)

****IMPORTANT** MacOS Users: You MUST use Adobe Reader to complete this form. Visit https://get.adobe.com/reader/ to install app.**

Additional supplemental forms may be obtained from our web-site at: www.thebarplan.com – select products – malpractice insurance.

THE BAR PLAN
MUTUAL INSURANCE COMPANY

New Business Application for Lawyers' Professional Liability Insurance

Submitted By:_____
Agency:_____

Address:_____
_____
Phone No:_____
Fax No:_____
Agents Email Address:_____

IMPORTANT NOTICE:

1. To ensure you receive the most accurate quote, please answer all questions.
2. Complete and sign supplements referenced in Question 23 and 25 if applicable.
3. **Please provide a copy of your current letterhead.**
4. Sign and date all forms.
5. Complete Area of Practice Supplement (TBP-130) for each attorney requesting coverage.

Quotes and Policies are sent via electronic mail to the Insured Designee

☐ Check this box **Only** if you want to receive a paper copy of your quote and policy instead of an email transmission.

1. Name of Law Firm:

_____

2. Business Address (list all business addresses and designate which is primary; use a separate sheet if necessary):

_____ _____ _____ _____ County: _____

_____ _____ _____ _____ County: _____

3. Business Phone: _____ Business Fax: _____

4. Year firm established _____

5. Total number of people working on behalf of the law firm: _____
   Attorneys _____ Of Counsel Attorneys _____ Paralegals/Law Clerks _____ Support staff _____

6. Are any Attorneys in the firm employed by another firm? If yes, please provide the name of firm(s): Yes: ☐ No: ☐

7. Are you a sole practitioner? No: ☐ Yes: ☐ (if yes, complete below)
   Provide the name of the person responsible for your practice in the event of your incapacity, absence or death
   Name: _____ Phone: _____
   Address: _____
   (a). Do you give consent for us to provide the above named with information regarding your coverage? ☐ Yes ☐ No

8. Insured Designee: _____ (Individual with authority to act in all matters regarding this insurance on behalf of the firm and all persons to be covered by this insurance).

9. Are there any predecessor firm(s) in whose assets and liabilities the Applicant is the majority successor in interest?
   __ Yes ☐ No If Yes, please list _____

COVERAGE OPTIONS

10. **POLICY EFFECTIVE DATE REQUESTED:** _____

11. Please Select **All** Limits for which you request a quote:

☐ $ 100,000/$ 300,000	☐ $1,000,000/$2,000,000	☐ $3,000,000/$3,000,000	☐ Greater than $5,000,000 -
☐ $ 250,000/$ 750,000	☐ $1,000,000/$3,000,000	☐ $4,000,000/$4,000,000	Please Specify: _____
☐ $ 500,000/$1,500,000	☐ $2,000,000/$3,000,000	☐ $5,000,000/$5,000,000	_____

12. Please Select **All** Deductible options for which you request a quote:

☐ $1,000	☐ $5,000	☐ $10,000	☐ $25,000	☐ $100,000
☐ $2,500	☐ $7,500	☐ $15,000	☐ $50,000	

Please note a deductible of:

$ 1,000 is limited to policies with limits of $100,000
$ 2,500 is limited to policies with limits less than $1,000,000
$ 5,000 is limited to policies with limits less than $2,000,000
$ 7,500 is limited to policies with limits less than $4,000,000
$10,000 is limited to policies with limits less than $5,000,000

Please select at least one of the following two options:

☐ **With First Dollar Defense**: Deductible is paid only when there is a Damages payment

☐ **Without First Dollar Defense**: Deductible is paid when either Defense Expenses or Damages are paid

OFFICE PROCEDURES

Note: **If you are establishing a new firm, please answer this section with your intended risk management procedures.**

13. Does your firm routinely use the following:

a. Engagement letters or fee agreements ☐ Yes ☐ No

b. Declination (Non-Engagement) letters ☐ Yes ☐ No

c. Termination or closing letters ☐ Yes ☐ No

14. Does the firm have a Conflict of Interest Checking System and written procedures to identify and resolve conflicts of interest? ☐ Yes ☐ No

If yes, does an attorney supervise the conflict of interest system? ☐ Yes ☐ No

15. Does the firm maintain a system to control and alert the firm to case-sensitive deadlines? ☐ Yes ☐ No

If yes, are deadlines reviewed on a regular basis? ☐ Yes ☐ No

SUITS FOR FEES

16. Does your firm have a policy or practice not to sue for fees? ☐ Yes ☐ No

a. How many clients have been sent to collections or sued for fees in the past 24 months? _____

WEBSITE & ADVERTISING ☐ **Not applicable – skip to next section**

17. Does your law firm have a website? ☐ Yes ☐ No

If yes, please provide your website address: _____

18. Does the firm advertise in states where no attorney at the firm is licensed? ☐ Yes ☐ No

If yes, in which states? _____

OFFICE SHARING PROCEDURES ☐ **Not applicable – skip to next section**

19. Does the firm share any of the following with other attorneys who are not members of this firm? (Select all that apply)

☐ Office Space ☐ Letterhead ☐ Cases ☐ Support Staff

20. Do the firms share a receptionist? ☐ Yes ☐ No
If yes, please answer questions a. and b.:

a. Is the phone answered by giving the names of all attorneys/firms sharing the space? ☐ Yes ☐ No

b. Is the phone answered using a generic greeting, (e.g. "law offices") without giving the name(s) of each attorney/firm sharing the space? ☐ Yes ☐ No

21. Does the name(s) of each attorney/firm sharing the office appear together as "Law Offices of…" or some other common listing on the signage for your office suite? ☐ Yes ☐ No

22. Do you disclose in writing to your clients the parameters and limits of your office sharing arrangement? ☐ Yes ☐ No

PUBLICLY TRADED COMPANY(S)

23. In the past 12 months, has any attorney in the firm represented any publicly traded company(s) regarding corporate governance or legal compliance matters? ☐ Yes ☐ No

If "Yes", submit a brief written description of the legal work performed on separate attachment

CLAIMS

24. After inquiry of each lawyer named in the firm:

a. During the past seven years, has any member of the firm or former member of the firm (while employed by the firm):,(i). Been the subject of an investigation, reprimand, disciplinary action, or formal grievance, or been refused admission by any bar association, court or administrative agency? ☐ Yes ☐ No

(ii)Been the subject of a professional liability claim, suit, or incident? ☐ Yes ☐ No

b. Does the firm or any attorney in the firm have knowledge of any incident, circumstance, act or omission, which may give rise to a claim? ☐ Yes ☐ No

If "Yes" to question a. or b., a Supplemental Claim Form (TBP-14) must be completed for each.
Please submit the most recent loss run from your current carrier with this Application

INDEPENDENT CONTRACTOR(S)

25. Does the firm or any member of the firm retain an attorney(s) on an independent contractor basis? ☐ Yes ☐ No

If "Yes", please list below the independent contractors

NOTE: No coverage is available under this Policy for the acts or omissions of an Independent Contractor ("IC") unless either: 1) the IC is added as a Named Insured to this Policy; or 2) the IC carries an LPL policy covering the Claim. Under option 2, coverage is limited to the Policyholder and the Insured's under this Policy. We recommend you obtain a copy of the IC's declarations page.

Policy Application – New Insured Attorney Application

THE BAR PLAN

Important: You must complete this form for every Attorney in the firm. Visit **www.thebarplan.com/applications** to download this document (Area of Practice).

Attorney Information

1. Firm Name:	
Attorney Name	
2. Email:	

3. List all States where you are admitted to practice and the total percentage of time you practice in each one: (must equal 100%)

4. Bar / Supreme Court Number in States where licensed to practice law:			
5. Year admitted to Bar(s):			
6. Number of years of full-time practice:		**7**. Exact date you joined this firm:	
8. Total Number of hours worked on a weekly basis practicing law for this firm:			
9. How many open files or matters do you have currently?:			
10. Position Designation: (e.g. Member, Officer, Associate, Ind. Contractor, Of Counsel, Solo):			
11. Have you attended a Risk Management OR Ethics Seminar within the past 12 months? (Yes/No)			

Area Of Practice Hourly percentage

Total Hours Must Equal Exactly 100%.

12. Indicate the percentage of **billable hours** of practice devoted to the following areas (in whole numbers):

	%
Business Transactions/Corporate Law	
Banking/Financial Institutions	
Business Transactions	
Secured Transactions	
Commercial Lit- Defense	
Commercial Lit- Plaintiff	
Mergers/Acquisitions	
Collection and Bankruptcy:	
Bankruptcy	
Collections	
Commercial	
Consumer	
Collections Defense	
Residential Foreclosures	
Corporate and Business Organizations	
General Corporate/Business	
Entity Formations	
Contracts	
Criminal	
Criminal Defense	
Traffic/DUI	
Estate, Trust and Probate	
Estate Planning	
Estate Administration	
FELA	
Individual (Plaintiff)	
Collective Actions (Plaintiff)	
Individual (Defense	
Collective Action (Defense)	
Intellectual Property	
Copyright/Trademark	
Patent	
IP Litigation	

	%
Labor Law	
Labor Relations	
Employee Benefits (Non-ERISA	
Personal Injury/Property Damage Plaintiff * (Includes cases you refer out and retain an interest)	
BI/PI- Plaintiff	
Class Action/Mass Tort	
Malpractice	
Product Liability	
Personal Injury/Property Damage Defense	
BI/PI- Defense	
Class Action/Mass Tort	
Malpractice	
Product Liability	
Real Estate	
Commercial	
Residential	
Title/Escrow/Closing I	
Synd's/Ltd Partnerships, etc.	
Securities Law: **	
Bonds- Corp/Govt.	
Stocks-Public Offering	
Stocks- Private Placements	
Other	
Tax	
Individual	
Corporate/Entity	
Workers Compensation	
WC- Plaintiff	
WC- Defense	

	%
Miscellaneous	
Administrative Law	
Admiralty/Maritime	
Anti-trust/Trade Regulation	
Appellate Practice	
Arbitrator/Mediator	
Cannabis Law	
Civil Rights	
Communications	
Consumer Claims/Protection	
Construction Law	
Environmental	
ERISA/Pension Plans	
Family Law/Domestic Relations	
Immigration Law	
International Law	
Municipal/Local Government	
Oil, Gas and Mining	
Public Utilities	
School Law	
Other (over 5% specify)	
Area:	

* **Please complete Plaintiff Supplement**

** **Please complete Securities Supplement**

Past Coverage

13. What is your **Retro Date** with current carrier, if applicable? (Coverage applies ONLY to acts or omissions occurring on or after the Retro Date)

14. List current and past lawyers' professional liability insurance coverage for the last 5 years. Include Month, Day, and Year. If none, state "No coverage".

Effective Date	Expiration Date	Law Firm	Insurance Company	Limits of Liability	Deductible

THE BAR PLAN
MUTUAL INSURANCE COMPANY

Claim, Bar Complaint and Incident Supplement

Applicant's Instructions: (Please type or print)

a. Complete one form for each Claim, Incident, or Bar Complaint.
b. If space is insufficient to answer question fully, attach separate sheet.
c. Answer all questions completely and all dates must be listed.

1. Firm name: _____
2. Full name of attorney(s) involved in the claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim ___ Suit ___ Incident ___ Bar Complaint ___
5. Date of alleged error or omission: _____
6. Date of first notice to applicant: _____
7. Additional defendants: _____
8. Please give a brief description:

   _____
9. If an incident, estimated liability: $ _____
10. If closed claims indicate whether: verdict ___ judgment ___ out of court settlement ___

    Total loss paid including deductible $ _____

    Total cost of defense $ _____ Date Payment Made _____
11. If a pending claim: Claimant's settlement demand $ _____ Defendant's offer for settlement $ _____

    Defense expenses incurred to date $ _____ Deductible $ _____

    Is claim in suit? Yes ____ No ____ Amount sought in petition or complaint: _____
12. Name of Insurer: _____
13. Date Reported to Insurer: _____
14. Describe any action taken by the insured to prevent future claims/incidents of this nature:

    _____

Provide name and contact information should the Claim Department need to communicate with you regarding this report.

Please check preferred method of contact: Phone ___ Email ___ Mail ___ Fax ___

Contact Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

THE BAR PLAN
MUTUAL INSURANCE COMPANY

Securities Supplement

For purposes of this application, the term "securities" takes its definition from the Securities Act of 1933. Securities practice includes all activities involved with or related to both public offerings and private placements and indicates both exempt and non-exempt securities. Securities practice does not however generally include: **1.** assisting clients with basic small business formations in which all of the owners/investors are either actively involved in the operation of the business, or their relatives; **2.** drafting or amending the governing documents (e.g. partnership agreement, articles of incorporation, by-laws) for a new or existing business; or **3.** representing a client in the sale of a business in which securities are exchanged when: a. the sale is a negotiated transaction and the buyer conducts its own due diligence; and b. the purchase decision is expressly based on the buyer's own due diligence investigation. The Company retains the sole discretion to review any business formation or sale of securities in which any Insured provides Legal Services to determine whether it shall be considered as a "securities practice."

	Client #1	**Client #2**	**Client #3**	**Client #4**
Date Offering Commenced				
Name of Issuer				
Type of Offering: **PR**=Private Placement **PUI**=Public Initial Placement **PUS**=Public Secondary Placement **B**=Bond (Private) **SY**=Syndication **M**=Municipal Financing				
Type of Business				
Did firm render Tax Opinion?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date of Issuer Incorporation or Formation				
Dollar Size of Offering and Description of Security				
Indicate Counsel For: **I**=Issuer **U**=Underwriter **L=**Lender **IC**=Insurance Co. **P**=Purchaser **A**=Auditor **O=**Other(Specify)				
Number of Months as Client				
Affiliated with Issuer?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Applicant Lawyer(s) Invest?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Average number of years Attorney(s) has been practicing in Securities work.				

In chronological order provide the above information as to the issuance or sale of securities for which the firm rendered legal services on behalf of a client during the past 48 months, or legal services for which a filing is expected to be made within the next 90 days. Include in this list, filings which were withdrawn after having been filed, offerings that were unsuccessful, and filings made pursuant to an exemption from registration under the act. Use separate sheet if necessary.

THE BAR PLAN
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Plaintiff Supplement

(Excludes Worker's Compensation Plaintiff Work)

Application Information
• Plaintiff Cases are defined as: Bodily Injury, Personal Injury, Class Action/Mass Tort, Product Liability and Professional Malpractice
• Please answer all questions in relation to your plaintiff practice only. Complete only one copy for the firm.

Section 1: Required Questions						
a. Total number of all open and closed plaintiff cases in the past 12 months:						
b. Average number of plaintiff cases each attorney handles per year:						
c. Enter percentage of cases:		Settled before trial?		Cases Tried to conclusion?		
d. Percentage of cases referred to you by other law firms:						
e. Percentage of cases you refer to other firms and maintain an economic interest:						
f. If such cases are referred to other firms, are these firms located in other states?		☐ Yes		☐ No		
If Yes, list all state(s) and the percentage in each state:						
g. Average dollar value of cases (opened and closed): *Please estimate to the best of your ability*						
Less than $25,000	_____%	$ 25,000- $75,000	_____%			
$75,001-$125,000	_____%	$125,001- $300,000	_____%			
$300,001-$500,000	_____%	$500,001-$1,000,000	_____%			
Greater than $1,000,000	_____%	Other	_____%			
h. What percentage of your plaintiff cases during the past 5 years has been: *Please estimate to the best of your ability.*						
Class Action/Mass Tort	%	Medical Malpractice	%	Premises Liability	%	
Automobile Accident	%	Legal Malpractice	%	Other – Explain below	%	
Product Liability	%	Slip and Fall	%			
i. With respect to your answer in question h, please state the maximum dollar value of any one case. *Please estimate to the best of your ability.*						
Class Action/Mass Tort	$	Medical Malpractice	$	Premises Liability	$	
Automobile Accident	$	Legal Malpractice	$	Other – Explain below	$	
Product Liability	$	Slip and Fall	$			
j. Describe the firm's procedure for tracking the Statute of Limitations on each plaintiff case:						

Plaintiff Supplement

k. Provide a written narrative regarding any class action/mass tort cases this firm has handled or had involvement with on behalf of the plaintiff in the past 12 months. Please include the jurisdiction, number of such cases, number of clients in each case, overall case value, status, nature of cause of action of each case as well as the firms' previous experience in this area.

Application for Lawyers' Professional Liability Insurance

Forms Included in this applications (check all that apply):

- ☐ Firm Application – Form TBP-15NB
- ☐ Area of Practice Business Supplement – Form TBP-130 for each attorney
- ☐ Supplemental Securities Application – Form TBP-18
- ☐ Claim, Bar Complaint and Incident Supplemental – Form TBP-14 Plaintiff
- ☐ Plaintiff Supplement – Form TBP-120
- ☐ Firm's Current Letterhead

NOTICE TO APPLICANT - PLEASE READ CAREFULLY:

REPRESENTATION: Insured Designee, on behalf of and with the authority of Applicant represents that the statements and information contained herein are true and that Applicant has not suppressed, omitted or misstated any facts. Applicant has made inquiry with each lawyer in the firm regarding the accuracy of the answers on this application. Applicant agrees that this application shall be the basis of the Policy of insurance issued by the Company and incorporated therein. Applicant agrees to notify the Company of any material change(s) in the statements in the application forms between the date of application and the effective date of the Policy of insurance. Applicant understands that any change(s) may result in an adjustment of the terms and conditions of the Policy of insurance and/or premium.

Applicant understands that the Policy applied for provides coverage on a "Claims Made and Reported" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD and that coverage ceases with the termination, cancellation or expiration of the Policy unless Applicant exercises the options available in the Policy for Extended Reporting Coverage.

IMPORTANT REMINDER

TO AVOID LOSS OF COVERAGE IT IS IMPERATIVE THAT ALL KNOWN CIRCUMSTANCES, ACTS OR OMISSIONS WHICH COULD RESULT IN A PROFESSIONAL LIABILITY CLAIM AGAINST YOU, YOUR FIRM OR A PREDECESSOR IN BUSINESS BE REPORTED TO YOUR PRESENT INSURER WITHIN THE TIME PERIOD SPECIFIED IN YOUR PRESENT POLICY. PLEASE CONTACT THE BAR PLAN MUTUAL INSURANCE COMPANY IF YOU DESIRE ASSISTANCE.

Signature of Insured Designee*: _____ Date: _____

*Signing this form and tendering premium does not bind the Applicant or the Company. Application must be signed to be considered for a quotation.

Printed Name:_____

Primary Email Address:_____

Anti Fraud Warning – Indiana "Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony."

Anti Fraud Warning: Kansas "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, 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 thereto.

Anti Fraud Warning: Tennessee "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 fine and denial of insurance benefits."