



1801 South MoPac Expressway; Suite 300; Austin TX 78746
(512) 480-9074 / (800) 252-9332 [in Texas] / Fax: (512) 482-8738

Website: www.tlie.org / Email: app@tlie.org

APPLICATION FOR ATTORNEYS' PROFESSIONAL LIABILITY INSURANCE POLICY

Please note this application is for a "claims made and reported" policy that provides coverage only for claims first made and reported to TLIE during the policy period.

All questions must be answered and any applicable supplements completed to process application.

- INSTRUCTIONS:**
1. If space provided is insufficient, please provide additional information on separate sheet.
 2. Instead of leaving a blank, please mark "none" or "N/A."
 3. Save completed application and email to app@tlie.org.
 4. If you have any questions, call 1-800-252-9332 or email info@tlie.org.

INFORMATION ABOUT YOUR PRACTICE

1. Applicant Firm Name: _____
Type of Practice: Individual LLP Partnership PLLC PC Joint Venture Other: _____
2. Who should we contact with questions about your application? _____
3. Name of firm administrator (if applicable): _____
4. **Send copy of letterhead with application.** (If not yet available, please attach a typed draft version of anticipated letterhead.)
5. Date firm established: _____
6. (a) Principal Office Mailing Address:
Street _____ City _____ TX Zip _____
Phone _____ FAX _____ Email _____
(b) Billing Address (if different from above):
Street _____ City _____ TX Zip _____
(c) Firm's Website(s): _____
(d) Number of Offices: _____. (If virtual office, please include and designate as such below.)
Addresses of offices not shown on letterhead: _____

ATTORNEY INFORMATION

7. Complete attached [Attorney Information Supplement](#) with information about each attorney for whom insurance coverage is requested, even if you are a sole practitioner. Any attorney listed is considered a "firm member" for all questions on this application.
8. How many attorneys have left the firm in the past 12 months? _____
9. Independent Contractor (IC) and "Of Counsel" (OC) Relationships
 - (a) Does any lawyer(s) act as an independent contractor and/or "Of Counsel" to your firm or is listed as such on your firm's letterhead or website?
Yes No If yes, include all such attorneys on the attached [Attorney Information Supplement](#) and complete the attached [Of Counsel and Independent Contractor Information Supplement](#).
 - (b) Does any firm member act as "Of Counsel" or Independent Contract Attorney to another law firm?
Yes No If yes, provide name and address of other firm(s), average hours per week in that capacity (specify IC or OC), dates of relationship and whether other firm(s) are insured:

10. If Applicant is a sole practitioner, how many hours does Applicant work on average per week (not including IC or OC work)?

This Year	Last Year	Two Years Ago	Three Years Ago	Four Years Ago

If less than 40 hours, reason(s): Family Leisure Other _____

NATURE OF PRACTICE

11. List the percentage of time devoted by the Applicant to the specific areas of practice shown below.

A. REAL ESTATE – EXCLUDING SYNDICATIONS

____% (1) Commercial Real Estate
 ____% (2) Residential Real Estate
 ____% (3) Foreclosure on Real Estate
 ____% (4) Real Estate other than (1), (2) or (3)

B. GENERAL BUSINESS – OTHER THAN REAL ESTATE

____% (1) Collections, Bankruptcy, Other Debt
 ____% (2) Business Organization Matters
 ____% (3) Business Transactions – Contracts
 ____% (4) General Business/Corporate Advice
 ____% (5) Financial Institution Representation

C. FIDUCIARY – OTHER THAN FORECLOSURE SALES

____% (1) ERISA
 ____% (2) Employee Benefits
 ____% (3) Attorney/Guardian Ad Litem

D. SECURITIES LAW – INCLUDES ACTIVITIES THAT USE OR CONTEMPLATE THE USE OF INVESTOR FUNDS

____% If any, complete the [Securities Supplement](#).

E. ESTATE, TRUST AND PROBATE LAW

____% (1) Estate Administration
 ____% (2) Estate Planning
 ____% (3) Trust Administration
 ____% (4) Drafting of Wills
 ____% (5) Probate
 ____% (6) Guardianship

F. FAMILY LAW

____% (1) Domestic Relations – Including Divorce
 ____% (2) Juvenile Proceedings
 ____% (3) Adoption Services

G. PLAINTIFF REPRESENTATION FOR:

____% (1) Bodily Injury or Personal Injury
 ____% (2) Workers' Compensation
 ____% (3) Medical Malpractice
 ____% (4) Mass/Group Tort, Class Action

H. OTHER PLAINTIFF REPRESENTATION

____% (1) Persons Seeking Other Affirmative Relief Under Civil Law
 ____% (2) Commercial Litigation

I. DEFENSE

____% (1) Insurance Defense
 ____% (2) Commercial Litigation Defense
 ____% (3) Criminal

J. INTELLECTUAL PROPERTY

____% (1) Patent Related Intellectual Property
 ____% (2) Non-Patent Related Intellectual Property
 (3) How many patent agents in firm? ____

K. TAXATION – INCLUDES TAX OPINIONS

____% (1) Corporate
 ____% (2) Individual
 ____% (3) Shelters

L. OTHER – INCLUDES OIL & GAS TITLE WORK (PLEASE LIST)

____% (1) Oil & Gas
 ____% (2) Immigration
 ____% (3) Environmental
 ____% (4) Administrative
 ____% (5) _____
 ____% (6) _____
 ____% (7) _____

Total Must Equal 100%: _____

SPECIFIC RELATIONSHIPS OR SERVICES

12. Does firm or any firm member participate in a joint venture to provide specialized legal services not including simple referral or co-counsel relationships?

Yes No If yes, provide details below, including purpose of and time devoted to joint venture, expected duration, other joint venture participants and if they are insured:

13. Does Firm or any firm member represent any client(s) in which any firm member has an equity interest or serves as an officer, director or employee?

Yes No If yes, please complete attached [Equity Interest Supplement](#).

14. If any firm member is an employee of an entity other than Applicant, please provide details of such employment:

15. If Firm or any firm member has ever acted as an investment advisor or financial consultant for any client, or ever had discretionary authority over the funds of any client, please provides details of such arrangement:

16. (a) Is any firm member a(n):

Yes No Licensed escrow officer for a title company?

Yes No Fee attorney for a title company?

Yes No Outside closing attorney, approved attorney or P-22 attorney?

(b) Yes No Does Applicant or any firm member have any agreements with title companies? **If yes, please provide copies.**

(c) _____ Number of non-attorney licensed escrow officers currently employed by Applicant.

LIMITS OF LIABILITY AND DEDUCTIBLE

17. TLIE reserves the right to restrict availability of limits of liability and deductibles. Certain limits of liability and/or deductibles may require acceptable financial statement from Applicant.

Indicate below the policy, limits of liability and deductible for which you want quotes. For more information, go to "Purchasing Insurance" at www.tlie.org or contact Member Services at 1-800-252-9332.

Regular Policy											
<u>Limits of Liability</u>		<u>Deductible</u>									
\$ Per Claim/Aggregate	\$ Per Policy Year										
100,000/100,000	1K	3K	5K	10K							
100,000/300,000	1K	3K	5K	10K							
200,000/600,000	1K	3K	5K	10K							
500,000/500,000	1K	3K	5K	10K	25K	50K					
500,000/1,000,000	1K	3K	5K	10K	25K	50K	100K				
1,000,000/1,000,000	1K	3K	5K	10K	25K	50K	100K				
2,000,000/2,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K		
3,000,000/3,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K		
4,000,000/4,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K
5,000,000/5,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K
5,000,000/10,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K
10,000,000/10,000,000	1K	3K	5K	10K	25K	50K	100K	100K/300K	250K	250K/750K	500K
Other Limits (specify) _____											

Basic Policy		New Attorney Basic Policy*		Part-Time Basic Policy*	
<u>Limits of Liability</u>		<u>Limits of Liability</u>		<u>Limits of Liability</u>	
\$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year	\$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year	\$ Per Claim/Aggregate	<u>Deductible</u> \$ Per Policy Year
100,000/300,000	1,000	100,000/300,000	1,000	100,000/300,000	1,000
200,000/600,000	1,000	*You must have been practicing for less than four years to potentially qualify for this option.			
500,000/500,000	1,000				
1,000,000/1,000,000	1,000				

<u>Referral Service Only Policy*</u>	
Limits of Liability:	\$ 100,000 - Per Claim \$ 300,000 - Aggregate
Deductible:	\$ 1,000 - Per Policy Year
* The Referral Service Only Policy provides coverage for only those matters referred to the insured by the Lawyer Referral and Information Service ("LRIS") or any other referral service certified by the State Bar of Texas.	

INSURANCE AND LIABILITY HISTORY

All representations in this application are made on behalf of Applicant (including all predecessor firms), all firm members and all non-attorney employees. Therefore, before answering the following questions, the person signing the application should ask every firm member and employee for their answers to these questions. **Furthermore, all firm members and employees must supplement the answers to these questions as circumstances change until a policy is issued.**

18. List Applicant's professional liability insurance policies for past five years (most recent first):

Insurance Company	Limits of Liability	Deductible	Expiration Date	Annual Premium	Dates of "tail coverage" purchased, if any

If Applicant is currently insured, what is the Retroactive Date (for prior acts coverage) of current policy: _____

NOTE: Please attach copy of your current policy Declarations page and all Endorsements.

19. Has Applicant or any lawyer ever had professional liability insurance canceled, declined or nonrenewed?
Yes No If yes, attach a copy of cancellation, declination or nonrenewal notice(s).
20. Has Applicant or any lawyer ever been the subject of a legal malpractice claim?
Yes No If yes, complete attached [Claim Information Supplement](#).
21. Does any firm member or non-attorney employee of Applicant (including all predecessor firms) know of any circumstance, act, error or omission that might form the basis of a legal malpractice claim against Applicant or any attorney listed on the [Attorney Information Supplement](#)?
Yes No If yes, complete the [Claim Information Supplement](#) and report all such matters to your current insurer as such matters will not be covered under Applicant's TLIE policy.
22. Has any firm member been the subject of a grievance complaint in the past five years?
Yes No If yes, attach a copy of grievance, description of circumstances and current status.
23. Has any firm member ever voluntarily accepted discipline or been refused admission to the bar, been reprimanded (privately or publicly), suspended from the practice of law, disbarred, received a probationary license or otherwise disciplined by any disciplinary or licensing authority?
Yes No If yes, provide full details on a separate sheet.

CHECKLIST:

HAVE YOU INCLUDED A COPY OF YOUR LETTERHEAD?

WARRANTY, AND SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY SIGNED?

PRIOR EMPLOYMENT HISTORY INCLUDED?

COPY OF CURRENT POLICY ATTACHED?

WARRANTY, SUBSCRIBER'S AGREEMENT and POWER OF ATTORNEY

Warranty

On behalf of Applicant and all firm members and employees of Applicant, I hereby warrant and declare that the foregoing statements and particulars are true and that I have not suppressed or misstated any material facts and that I agree this application shall be the basis of the contract with the Association. I agree that all representations contained herein are deemed material and continuous as a matter of law, and that I will immediately notify the Association of any change in answers to this application.

On behalf of the Applicant and all firm members and employees of the Applicant(s), I hereby authorize release to the Association or its authorized representative, by any State Bar association, our present and prior professional liability insurance carriers, or any other sources, any claims, underwriting, or other information having a bearing upon our acceptability as a professional liability insurance risk. It is understood that this is an application for insurance and not an insurance binder. Any misstatements made in this application could invalidate any policy issued on the basis of this application.

Subscriber's Agreement and Power of Attorney

The undersigned hereafter known as the Subscriber, agrees with other Subscribers at an Exchange known as the TEXAS LAWYERS' INSURANCE EXCHANGE, hereinafter referred to as the Association, located in Austin, Texas, to exchange private contracts of indemnity. To that end, I hereby appoint the President of the Association and/or such person or persons as may be designated by the Board of Directors in accordance with Article VIII, Section 8 of the Bylaws, and licensed by the Commissioner of Insurance of the State of Texas, with full powers of substitution and revocation, and with authority to act jointly and severally, as my Attorney-in-Fact, in my name, place and stead, to represent me in the following matters:

1. To exchange with other Subscribers at such Exchange, insurance coverages as now or hereafter authorized by the Board of Directors; to subscribe and deliver all proper contracts of insurance; to take any action in furtherance of the exchange of such contracts of insurance; to do and perform every other thing that I could do in respect to such contracts so exchanged, including the appearance and defense in my name in actions and proceedings; and to manage and conduct the business, affairs and property of the Exchange under the supervision of the Board of Directors.
2. The powers hereby vested in my said attorney shall be exercised only in accord with the decisions of the Board of Directors of the Association, provided that the said attorney may deputize such person or persons as may be appointed therefor by the Board of Directors of the Association, to authenticate the policy contracts now applied for or those that I may hereafter apply for, and all papers pertaining thereto. It is understood that the Subscribers reserve unto themselves the right to govern the Association according to the decision of a majority of Subscribers present in person or by proxy at any meeting.
3. I adopt as a part of this agreement the Bylaws of the Exchange now or hereafter effective.
4. I agree that this Power of Attorney shall have application to all insurance applied for by me, including such modifications or changes in any of my insurance as may be made at my request, and the representations made by me in connection with each policy shall have the same force and effect as if contained in this instrument.
5. I agree that to the fullest extent now or hereafter permitted by law, no director of the Exchange shall be personally liable to the Exchange or to its Subscribers for monetary damages for any act or omission in the director's capacity as a director except liability for (i) a breach of a director's duty of loyalty to the Exchange or its Subscribers, (ii) an act or omission not in good faith or that involves intentional misconduct or a knowing violation of the law, (iii) a transaction from which a director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office, (iv) an act or omission for which the liability of a director is expressly provided for by statute, or (v) an act related to an unlawful stock repurchase or payment of a dividend. Any repeal or modification of the foregoing paragraph by the Subscribers of the Exchange shall not adversely affect any right or protection of a director of the Exchange existing at the time of such repeal or modification. The effective date of the limitation of liability provided by this paragraph shall be the due date of member approval of this Paragraph 5.
6. I agree further that this Power of Attorney shall be and become effective on the date hereof, and shall remain in force and effect only as long as I have a contract of insurance with the Exchange. This power of attorney shall not terminate on disability of the principal. This agreement is strictly limited to the use and the purpose herein expressed and to no other purpose.

Firm Name (must match answer to Question 1): _____

Authorized Signature: _____ *Date:* _____

Printed Name and Position: _____

ATTORNEY INFORMATION SUPPLEMENT

Page 1

LIST OF CURRENT FIRM MEMBERS

Firm Name: _____

Provide information for each attorney for whom coverage is requested. Attach additional sheets if necessary.

Attorney's Name	Email Address ¹	Bar Card No.	Position ²	Years in Private Practice	Primary Area of Practice	State(s) Licensed	Mo/Day/Yr Licensed	State(s) Practicing	Avg Hrs Worked per Week

¹ Email address requested for subscription to TLIE's quarterly online newsletter, *Legal Malpractice Advisory*, which addresses current legal malpractice and ethics issues and offers practical tips for avoiding claims and grievance complaints.

² **A** = Associate or Employed Attorney; **IC** = Independent Contract Attorney; **M** = Member of PLLC; **O** = Officer or Shareholder of PC; **OC** = Of Counsel; **P** = Partner; **S** = Sole Proprietor
SUPP-AIS-02/13

ATTORNEY INFORMATION SUPPLEMENT

Page 2

PRIOR EMPLOYMENT HISTORY

Attorney's Name	Date Joined Present Firm		Former Employer or Firm Name	Position ³	Dates of Employment ⁴

[Back to Question 9](#)

³ **A** = Associate or Employed Attorney; **IC** = Independent Contract Attorney; **M** = Member of PLLC; **O** = Officer or Shareholder of PC; **OC** = Of Counsel; **P** = Partner; **S** = Sole Proprietor

⁴ Provide complete work history since being licensed, including any period(s) not employed.

CLAIM INFORMATION SUPPLEMENT

Applicant's Instructions:

1. This information is to be completed by Applicant who has been involved in any claim or suit or who is aware of an incident which may give rise to a claim. COMPLETE ONE FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach a separate sheet.
3. Answer all questions COMPLETELY.

(Please Type or Print)

1. Firm Name: _____
2. Full name of individual(s) of firm involved in the claim: _____
3. Full name of Claimant: _____
4. Indicate whether (Select One): **Potential Claim/Incident** **Claim** **In Suit**
5. Date of alleged error: _____
6. Date of Claim: _____
7. Additional defendants: _____
8. **IF CLOSED:** Indicate whether (Select One): **Out-of-Court Settlement** **Court Judgment**
Total Loss Paid including Deductible: \$ _____ Defense Cost Paid: \$ _____
9. **IF PENDING:** Claimant's Settlement Demand: \$ _____
Defendant's Offer for Settlement: \$ _____
Insurer's Loss Reserve: \$ _____
Deductible: \$ _____
Yes **No** Is Claim in Suit? If yes, amount asked in summons: \$ _____
10. Name of Insurer: _____
11. Description of Claim: (Provide enough information to allow evaluation and use reverse side if additional space is required.)
 - a. Alleged act, error or omission upon which Claimant bases claim:

 - b. Description of case and events, including area of practice out of which the claim arose:

 - c. Description of the type and extent of injury or damage allegedly sustained:

[Back to Question 31](#)

Additional Claim Information

11 a

11 b

11 c

SECURITIES SUPPLEMENT

Page 1

Security Activity Detail

Firm Name: _____

A. SECURITY ACTIVITY DETAIL

Show the percentage of time devoted to each of the activities listed below. **The total percentage of securities activities must equal the percentage reported for securities law under the breakdown of the areas of practice on the primary application.***

PRACTICE AREA	PERCENTAGE OF TIME
1. Public Offering of Securities	_____ %
2. Private Placement of Securities	_____ %
3. Oil and Gas Syndications	_____ %
4. Real Estate Syndications	_____ %
5. Municipal Bonds – Tax Exempt – Reviewed by Attorney General	_____ %
6. Municipal Bonds – Taxable	_____ %
7. Limited Partnerships	_____ %
8. Joint Ventures (uses or contemplates using private investor funds)	_____ %
9. Other Types of Securities Practice	_____ %
Total	_____ %*

Provide the following information for securities transactions in which the Applicant has provided legal services in the past two years.

[illegible]

SECURITIES SUPPLEMENT

Page 2

Risk Management Procedures

1. **Yes No** Does the Applicant or any firm member conduct what is commonly referred to as a “due diligence investigation” when representing clients as to the offering or sale of securities?
2. **Yes No** During the past five (5) years has the Applicant been involved in or have knowledge of any facts that would indicate that the Applicant or any firm member may be included in an investigation or administrative action by the SEC or any state securities regulator or authority?

If yes, provide details on a separate addendum.
3. **Yes No** Has the Applicant or any firm member prepared any portion of a prospectus, offering memorandum or disclosure statement (including a tax opinion) which is required by law in connection with the issuance, sale or transfer of a security?
4. **Yes No** Has the Applicant or any firm member had any involvement in the direct sale to an individual purchaser of any security for which a prospectus, offering memorandum or disclosure statement is required by law?
5. **Yes No** Has the Applicant or any firm member accepted any type of equity interest in a securities client in lieu of attorney’s fees?

If yes, provide a separate addendum including the following information:
 - a. What are the circumstances that would permit the Applicant or any firm member to accept an equity interest in lieu of attorney’s fees?
 - b. What is the approval process to accept an equity interest in lieu of attorney’s fees?
6. Has the Applicant or any firm member provided professional legal services to securities clients in which any firm member or any immediate family member:
 - a. **Yes No** Serves or served as an officer, director, trustee, employee or partner of such client?
 - b. **Yes No** Owns or owned an equity interest or financial interest in such client?

[Back to Question 13 D](#)

EQUITY INTEREST SUPPLEMENT

Firm Name: _____

A. Ownership/Officers or Directors

Provide the following information for each client in which the applicant or any firm member has an equity interest or in which any firm member is an officer or director.

NAME OF CLIENT OR BUSINESS VENTURE	ATTORNEY(S) WITH INTEREST	OFFICES HELD	% OF INTEREST	NATURE OF BUSINESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Risk Management Procedures

- Yes No** Does the Applicant or any firm member provide the previously identified client(s) with written disclosure of potential conflicts of interest in each of these equity situations?
- Yes No** Has the Applicant or any firm member accepted any type of equity interest in lieu of attorney's fees?
If yes, either explain in the space provided below Question 3 or attach a separate addendum including the following information:
 - What are the circumstances that would permit the Applicant or any firm member to accept an equity interest in lieu of attorney's fees?
 - What is the approval process to accept an equity interest in lieu of attorney's fees?
- Yes No** Has the Applicant or any firm member provided any professional legal services for a client in relation to the preparation of any disclosure or offering documents for investors and/or State or Federal Regulators? If yes, what procedures have been adopted to avoid an actual or alleged conflict of interest?

[Back to Question 16](#)

OF COUNSEL AND INDEPENDENT CONTRACTOR INFORMATION SUPPLEMENT

Applicant's Instructions: *Please complete a separate supplement for each attorney who acts as "Of Counsel" of and "Independent Contractor" for your firm.*

Firm Name: _____

1. Name of Attorney: _____ Of Counsel ("OC") Independent Contractor ("IC")

Bar Card Number: _____ Year Attorney became OC or IC: _____

2. On average, how many hours per week does the Attorney work for your firm? _____

3. In the past 12 months, how many hours did the Attorney bill on behalf of your firm? _____

4. If the attorney has been acting as OC or IC for your firm for less than 12 months, how many hours do you estimate the attorney will bill on behalf of your firm during their first year? _____

5. Yes No Does the attorney also practice independently from your firm?

If yes, where does the attorney practice independently from your firm?

6. Yes No Does the Attorney have professional liability insurance for that independent practice?

If Yes: a. What is the name of the insurance company? _____

b. What are the effective dates of the policy? _____

c. What are the limits of liability of the policy? _____

7. Does the attorney perform the following tasks on behalf of your firm?

Yes No Appear in court?

Yes No Sign pleadings?

Yes No Have direct contact with your firm's clients?

A Comparison of TLIE's Regular and Basic Policies

As a lower cost alternative to the [Regular Policy](#), TLIE also offers a [Basic Policy](#) with lower limits, lower deductibles and somewhat less comprehensive coverage than the Regular Policy. The major differences between the two policies are noted below, subject to policy endorsements for unique situations.

	<i>Regular Policy</i>	<i>Basic Policy</i>
<i>Underwriting Criteria</i>	Offered to firms that meet TLIE's standard underwriting criteria.	Only available with excellent claim history. Discounted rates may be available for new lawyers (licensed less than 3 years), part-time lawyers, contract attorneys (75% of work performed for other lawyers) and for referral service work only.
<i>Limits of Liability</i>	Available with limits of liability from \$100,000 to \$10,000,000	Available with 4 different limits of liability: \$100,000 per claim/\$300,000 aggregate \$200,000 per claim/\$600,000 aggregate \$500,000 per claim/\$500,000 aggregate \$1,000,000 per claim/\$1,000,000 aggregate
<i>Deductibles</i>	Vary based on the limit of liability and insured's qualifications. Applies to loss payments <u>and</u> defense costs.	\$1,000 deductible per policy year. Applies <u>only</u> to loss payments.
<i>Expense Allowance</i>	Additional \$50,000 for defense costs (limits up to \$1 million.)	Defense costs included in policy limit.
<i>Prior Acts Coverage</i>	In general, legal services covered since Retroactive Date (based on insured's coverage history.) Subject to change based on insured's qualifications and/or special circumstances.	Generally limited to 2 years.
<i>Securities Work</i>	Coverage provided for securities-related legal work.	Not covered.
<i>Punitive Damages</i>	If actual damages are covered, then punitive, exemplary and mental anguish damages are covered.	Not covered.
<i>DTPA Damages</i>	If actual damages are covered, then additional DTPA damages are covered.	Not covered.
<i>Grievance Defense</i>	Up to \$25,000 for defending each disciplinary action, with a maximum of \$50,000 per Policy Period.	Not covered.
<i>Loss of Earnings</i>	\$500 for each day out of the office for trial, mediation, arbitration or the insured's own deposition in defending a claim, with a maximum of \$10,000 per Claim and \$25,000 per Policy Period.	Not covered.

This comparison chart is intended only as a brief summary of certain policy provisions. PLEASE READ THE ACTUAL POLICY LANGUAGE FOR COMPLETE DETAILS. Please call our Member Services Dept. at 1-800-252-9332 with any questions that you may have.

Loss Prevention Questionnaire

1. If Applicant shares office space or expenses with another attorney or law firm, please provide details:

<u>Other Attorney or Law Firm</u>	<u>Other Attorney Bar #</u>	<u>Date Sharing Began</u>

2. If Applicant is a sole practitioner, who is responsible for Applicant's practice in the event of a prolonged absence?

3. How does Applicant handle the scheduling of work, deadlines and appointments? *(Attach any written policies and procedures.)*

☐ Paper Calendar
 ☐ Computer Calendar
 ☐ Discussion with Firm
 ☐ Mobile Device
 ☐ Interoffice Memos
 Other: _____

4. Do all firm members:

- a. Yes No Use engagement letters that specify scope of services, terms and billing rates?
- b. Yes No Use non-engagement letter when declining a representation?
- c. Yes No Use disengagement letter when ceasing representation?

5. How does Applicant avoid conflicts of interest among and with clients? *(Attach any written policies/procedures)*

☐ Memory
 ☐ Computer
 ☐ Discussion within Firm
 ☐ Index Files
 ☐ Interoffice Memos
 Other: _____

6. If a potential conflict of interest exists, do all firm members obtain written conflicts waivers that clearly:

- Yes No Advise client(s) of the nature of potential conflict?
- Yes No Advise client(s) how the potential conflict could affect representation?
- Yes No Advise client(s) to consult another attorney about the potential conflict?

7. What is the Firm's policy about suing clients for fees? _____
-

8. _____ How many times in the last two years has Applicant sued a client for fees?

_____ How many clients that were sued, if any, filed a counterclaim for legal malpractice or breach of fiduciary duty?