

Lawyers' Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.**

For the purposes of this Proposal, the term "Financial Institution" means any savings and loan, bank, credit union, savings association, building and loan association, or service company, subsidiary corporation, or holding company of the aforementioned.

1. Name of Applicant Firm

APPLICANT FIRM'S INSTRUCTIONS

IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.

2. Financial Institution Experience

Name of Each Attorney Who Performs Financial Institution Work	Number of Years Financial Institution Experience	Percentage of Time Devoted to Specialization

3. Provide a list of the Financial Institutions for which the Applicant Firm provides, or has provided services:

Name and Location	Type of Services Performed	% of Firm's Gross Billings

4. During the period January 1, 1981, through the present date, has any member (or former member of the Applicant Firm while associated with the Applicant Firm):

a) Served as, or been considered as "Counsel" or "General Counsel" for any Financial Institution? Yes      No  
 If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable member, and briefly state the nature of the services provided.

b) Provided legal services to any Financial Institution(s) on an "on-going" basis, "retained", or other regular basis regardless of receipt of an annual retainer? Yes      No  
 If "Yes", identify the Financial Institution(s), location(s), the applicable member and briefly state the nature of the services provided.

c) Represented any Financial Institution(s) in transactions involving the sale or transfer of delinquent or non-performing loans, loans on a watch list, or loans for acquisition, development, and construction to another financial institution. Yes      No  
 If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable firm member, and type of committee.

d) Served on a loan, investment, audit, or other similar internal committee of any Financial Institution? Yes      No  
 If "Yes", identify the Financial Institution(s), location(s), the dates of service, the applicable firm member, and type of committee.

e) Participated in the preparation of any Financial Institutions' response to regulatory examination reports? Yes      No  
 If "Yes", identify the Financial Institution(s), location(s), the applicable firm member, and the dates and nature of each report.

## Carolina Casualty Insurance Company

f) Served as a director or officer of any Financial Institution? Yes      No  
 If "Yes", provide the name(s) of such Financial Institution(s), location(s), dates of service, and firm member.

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g) Owned securities of any Financial Institution? Yes      No  
 If "Yes", disclose the details of such ownership.

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5. Have any of your Financial Institution clients been declared insolvent, placed into receivership, conservatorship, or liquidation by any national or state regulatory or supervisory entity or authority? Yes      No  
 If "Yes", provide details of work performed and date of Financial Institutions' insolvency.

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I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers' Professional Liability Proposal Form and is subject to the same representations and conditions.

	Title:
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Signature of Partner, Owner, Officer or Principal

	Dated:
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Print Name

Please submit this Proposal Form including appropriate documentation to:  
 Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4034

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Please Print Name Here)

AGENT'S LICENSE NUMBER

## Carolina Casualty Insurance Company

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**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 PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW YORK APPLICANTS:** ANY PERSON WHO KNOWING 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.

**NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF ANY INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MASSACHUSETTS, AND VIRGINIA 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 MAINE 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 OR DENIAL OF INSURANCE BENEFITS.