

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 INSUREDS DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.

1. Name of Applicant Firm \_\_\_\_\_

APPLICANT FIRM'S INSTRUCTIONS

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

2. SEC/State Securities Experience

Name of Each Attorney Who Performs SEC/State Securities Work	Number of Years SEC/State Securities Experience	Percentage of Time Devoted to Specialization

3. Capacity

	Acted In Such Capacity in Past 5 Years	Current Year Allocation
A. Bond Counsel	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
B. Private Placement of Securities		
1) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
2) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
3) as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
C. Public Offerings of Securities		
1) Securities registered under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
2) Offerings exempt from registration under the Securities Act of 1933	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
a) as counsel for underwriter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
b) as counsel for issuer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
c) as counsel for security holder(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
D. Representing clients as to compliance with proxy requirements (other than in mergers) and reporting requirements under Securities Exchange Act of 1934	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
E. Takeovers and other acquisitions of publicly held companies (including role as special local counsel)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
1) Where client was bidder or acquiring company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
2) Where client was bidder or acquiring company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
3) Where client was target company in contested acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
4) Where client was target company in friendly acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
F. Securities (judicial or administrative)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
G. Other (identify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

THIS CURRENT YEAR ALLOCATION FIGURE MUST MATCH THE TOTAL LISTED IN THE "AREA OF PRACTICE" OF THE PROPOSAL FORM.

TOTAL \_\_\_\_\_ %

# Carolina Casualty Insurance Company

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4. What steps does the Applicant Firm take to satisfy "due diligence" requirements under Federal and State Securities Acts?  
 (Provide additional details on a separate attachment if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has the Applicant Firm (including any predecessor firms), and/or its present partners, or any former partners, or any of its predecessor firms, been subject to any disciplinary proceeding before the SEC or State Securities authorities within the past 10 years?  Yes  No  
 If "Yes", provide full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Is the Applicant Firm representing any client in any litigation in which the issues involve any Federal or State Securities work handled by the Applicant Firm (including the adequacy of registration statements, official statements, proxy statements, or tender offer documents)?  Yes  No  
 If "Yes", provide full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do any partners of the Applicant Firm serve as directors or officers of corporations that are its clients and which have publicly held securities outstanding?  Yes  No  
 If "Yes", provide full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. For all lawyers involved in SEC and/or State Securities practice, provide the name(s), qualifications, and where obtained.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. List all offerings in which the Applicant Firm was involved for the last 3 years. Please use the attached matrix.

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 60008-4039

	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 PROVIDES 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 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.

**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 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 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.

**Carolina Casualty Insurance Company**

TOTAL NUMBER OF OFFERINGS: \_\_\_\_\_

TOTAL AGGREGATE DOLLAR AMOUNT: \$ \_\_\_\_\_

- (1) If pending, indicate "P"
- (2) "F" = Federal;  
"S" = State;  
"P" = Private Placement;  
"B" = Bond
- (3) Describe client:  
"I" = Issuer;  
"U" = Underwriter or Selling Agent;  
"O" = Other (explain "Other"  
by separate attachment)
- (4) Indicate if any lawyer serves as an Officer, Director, or General Partner of the Issuer.
- (5) Indicate if any lawyer invested in the client's security.

(1) Date of Offering (MM/DD/YY)	(2) Type of Security	Type of Business	Number of Months Issuer in Business	(3) Applicant Firm's Client	Maximum Aggregate Offering Price	Price Per Share	(4) Client Association Yes or No	(5) Personal Investments Yes or No