



James River Insurance Company

7130 Glen Forest Drive, Suite 210
Richmond, VA 23226
804-289-2700

Supplement Application for Disciplinary Proceedings - Lawyers

PROFESSIONAL LIABILITY Division

Email to PL@jamesriverins.com or, Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

SUPPLEMENT APPLICATION FOR DISCIPLINARY PROCEEDINGS - LAWYERS

Name of Applicant (The Firm): _____

Please complete this form for each such grievance, complaint, disciplinary proceeding, refusal of admission to practice law.

1. Name of the attorney(s) involved:

2. Indicate whether (check all that apply):
- grievance or complaint
 - disciplinary proceeding
 - refused admission to practice law
 - been disbarred
 - suspension of license to practice law
 - formal reprimand

3. Date of alleged act or omission leading to the above result: _____
mo/ day / year

4. Name of person(s) alleging such act or omission to the local or state bar association, licensing board or peer review committee against such attorney(s):

5. Date notice of such allegations were received by the firm: _____
mo/ day / year

6. Date allegations were reported to the firm's insurer: _____
mo/ day / year

NOTE: Any such allegations, if not already reported, should be reported to your existing carrier prior to policy expiration, as any claim that may develop from such matter will not be covered under any policy issued in connection with this application.

7. Description of allegations (*attach documentation, such as the grievance or complaint*):

8. What was the attorney's response to these allegations?

9. What were the results of any investigation, ruling or decision in this matter by the appropriate court, administrative agency or bar committee (if a fine was involved, please state the amount of the fine; if the attorney's license was suspended, please state the duration of the suspension, etc.)?

10. What is the current status of this matter (e.g. pending, on appeal, license reinstated as of what date, etc.)?

11. As a result of this matter, have you made procedural or policy changes which will reduce the possibility of a similar occurrence? Yes No

If "Yes", please describe:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

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| Applicant's Name: | Signature |
| Title: | Date: |