

Commonwealth Underwriters Ltd. P.O. Box 5441 Richmond, VA 23220 Phone: 800-396-6226 Fax: 888-359-6994 www.commund.com

## INDIVIDUAL LAWYER AREA OF PRACTICE SUPPLEMENTAL APPLICATION

1.	Firm Name: _					
2.	Attorney Nan	ne:				
3.	Date of Hire:					
4.	Date admitted	Date admitted to Bar: 5. State(s) admitted to practice:				
6.	Status:	Owner Employee Of Co	ounsel 🗌 Indepe	endent Contractor		
7.	Do you practi	ce part time? 🗌 No 📄 Yes				
	If yes, averag	e # of hours per week:				
8.	. What percentage of time – not billings – do you spend in the following areas of practice? (Note: Must total 100%)					
		Group A		Group D		
	%	Administrative	%	Copyright/Trademark		
	%	Admiralty Defense	%	Family Law - Divorce-Monied/High P		
	%	BI/PI Defense	%	Entertainment/Sports		
	%	Criminal Law	%	Estate/Probate/Trust > \$5M		
	%	Immigration	%	Mergers/Acquisitions		
	%	Insurance Defense - Excl Med Mal	%	Oil & Gas/Natural Resources		
	%	Labor - Management	%	Plaintiff Lit - Class Action		
	%	Mediation/Arbitration	%	Plaintiff - Commercial Litigation		
	%	Work Comp Defense	%	Plaintiff - Med Mal/Legal Mal		
		Group B	%	Plaintiff Lit - Admiralty		

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%	Criminal Law	%	Estate/Probate/Trust > \$5M
%	Immigration	%	Mergers/Acquisitions
%	Insurance Defense - Excl Med Mal	%	Oil & Gas/Natural Resources
%	Labor - Management	%	Plaintiff Lit - Class Action
%	Mediation/Arbitration	%	Plaintiff - Commercial Litigation
%	Work Comp Defense	%	Plaintiff - Med Mal/Legal Mal
	Group B	%	Plaintiff Lit - Admiralty
%	Appellate	%	Securities - Private Placements
%	Civil Rights/Discrimination	%	Taxation Prep/Opinions
%	Commercial Law		Group E
%	Corporate Formation/Alteration	%	Banking/FI
%	ERISA or Employee Benefits	%	Bonds
%	Family Law - Other	%	Collections
%	General Corporate	%	Investment Counseling
%	Government - Non-Bonds	%	Patent
%	Labor - Employee	%	RE Development/Syndication
%	Plaintiff - WC	%	Real Estate - Commercial
	Group C	%	Real Estate - Residential
%	Bankruptcy	%	Real Estate - Title
%	Construction/Building Contractors	%	Securities - All Other
%	Environmental	Other	· (Describe in detail via attachment)
%	Estate/Probate/Trust <\$5M	%	
%	Family Law - Divorce	%	
%	International Law	%	
%	Health Care	%	
%	Plaintiff - Personal Injury	%	
%	Plaintiff - Products Liability	%	

9. In the last five (5) years, has any professional liability claim or suit ever been made against you individually or while employed at a prior firm?

If Yes, how many? \_\_\_\_\_ If yes, please complete the Claim Supplement and provide currently valued company loss runs.

10. Do you know of any incident, act, error or omission that could result in a claim or suit against the firm or any predecessor firm or any of the current or former members of the firm?  $\Box$  No  $\Box$  Yes

If yes, please complete the Claim Supplement and provide currently valued company loss runs.

11. Have you ever been refused admission to practice, been disbarred, suspended, reprimanded, sanctioned, or held in contempt by any court, administrative agency or regulatory body or been subject of a disciplinary complaint made to any of the aforementioned entities?

## If yes, please provide a copy of the complaint made to the bar and a copy of their decision.

I agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my knowledge.

Signature of Applicant

Title

Date