



NAVIGATORS INSURANCE COMPANY

APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE

NOTICE – THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY WITH “CLAIMS EXPENSES” INCLUDED WITHIN BOTH THE APPLICABLE LIMIT OF LIABILITY AND THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

THE POLICY YOU ARE APPLYING FOR PROVIDES NO COVERAGE FOR CLAIMS, INCLUDING CLAIMS FOR PERSONAL INJURY, FOR ANY ACT, ERROR, OR OMISSION IN RENDERING OR FAILING TO RENDER PROFESSIONAL SERVICES COMMITTED PRIOR TO THE INCEPTION DATE OR THE RETROACTIVE DATE. THE POLICY YOU ARE APPLYING FOR APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OF THE POLICY OR APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED IN WRITING TO US PURSUANT TO THE TERMS OF THE POLICY.

THE POLICY YOU ARE APPLYING FOR IS A “DEFENSE WITHIN LIMITS” POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF CLAIMS EXPENSES. BOTH CLAIMS EXPENSE AND DAMAGES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. SUBJECT TO THE FOREGOING AND THE TERMS HEREIN, THE COMPANY SHALL HAVE THE RIGHT AND DUTY TO DEFEND ANY CLAIM AGAINST THE INSURED UNDER THIS POLICY.

COVERAGE FOR THE POLICY YOU ARE APPLYING FOR CEASES UPON THE POLICY TERMINATION DATE EXCEPT FOR THE 60 DAY AUTOMATIC EXTENDED REPORTING PERIOD, UNLESS A SUPPLEMENTAL EXTENDED REPORTING PERIOD IS PURCHASED. THE LENGTH OF THE SUPPLEMENTAL EXTENDED REPORTING PERIOD THAT CAN BE SELECTED VARIES. POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF THE SUPPLEMENTAL EXTENDED REPORTING PERIOD.

IN GENERAL, THE NATURE OF CLAIMS-MADE COVERAGE IS SUCH THAT, DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE GENERALLY LOWER THAN OCCURRENCE RATES (ASSUMING THAT COVERAGE ON AN OCCURRENCE BASIS IS AVAILABLE FOR THE INSURANCE IN QUESTION), AND YOU MAY EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

A CLAIM MAY BE REPORTED DURING THE POLICY PERIOD, ANY EXTENDED REPORTING PERIOD (INCLUDING THE AUTOMATIC EXTENDED REPORTING PERIOD AND ANY OPTIONAL EXTENDED REPORTING PERIOD), OR ANY SUBSEQUENT RENEWAL OF THE POLICY.

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY (must complete in ink)

1. Name of Applicant (type or print) Name of Designated Contact E-Mail Address/Web-Site

Business Address (Must Include Street Address) List secondary locations on SUPPLEMENT #1, Item A

City County State Zip Code

Business Phone: () Fax: ()

2. Type of Business:

- Sole Proprietor
 Partnership
 Professional Association
 Professional Corporation
 Other _____

3. Coverage Requested:

- A. Requested Effective Date: _____
 \$1M/\$1M \$1M/\$3M
 \$500K/\$500K \$500K/\$1M \$2M/\$2M
- B. Deductible: Aggregate Each claim
 \$5,000 \$10,000 \$25,000*
 \$7,500 \$15,000* *for firms of five-ten attorneys only
- C. Do you intend to purchase additional limits in excess of this policy? Yes ____ No ____

4. Insured Section:

- A. Date Present Firm Established: _____
- B. Are there any Predecessor Firms of the Applicant? (**Predecessor Firm** means a partnership or professional corporation which has been dissolved provided that at least 50% of the lawyers in the dissolved partnership or professional corporation become partners of, shareholders in, or employees of the applicant). Yes No
If "yes", please list them on **SUPPLEMENT #1, Item B.**
- C. Please indicate the total number of lawyers: This Year ____ Last Year ____ Two Years Ago ____
- D. List the names of all lawyers that work on behalf of the firm.

Name	Year Joined Firm	State/Year of Admission to Bar	Designation*	CLE in Last 12 Mos. Y/N	Average Hours Worked Per Week

*"O" Owner/Officer/Director/Shareholder "P" Partner of a Partnership "E" Employed Lawyer of Applicant
"OC" Of Counsel lawyer of Applicant "RP" Retired Partner of Applicant "S" Sole Proprietor

- E. Number of other employees: ____ law clerks/paralegals ____ secretarial/clerical/support

5. Current and Prior Insurance Coverage:

- A. Does your current coverage have a prior acts exclusion? Yes No If "yes", provide the date _____.
- B. List Lawyers Professional Liability Insurance carried for **each** of the past five years. Indicate periods of no coverage.
 NONE (if no prior insurance)

Inception	Expiration	Insurance Company	Limits	Deductible	Premium
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$
/ /	/ /				\$

- C. Provide number of attorneys covered at inception of most recent policy: _____

6. Practice Information:

A. Gross Income:
 Last Fiscal Year: _____ This Fiscal Year: _____ Projected Next Year: _____

B. Areas of Practice: **AREAS MUST TOTAL 100%**

- | | |
|--|--|
| <p>I.</p> <p>____% Administrative</p> <p>____% Bankruptcy</p> <p>____% Commercial & Corporate General Litigation - Defense</p> <p>____% Corporate Formation/Alteration *</p> <p>____% Criminal</p> <p>____% ERISA or Employee Benefits</p> <p>____% Family Law - excluding Divorce</p> <p>____% Immigration</p> <p>____% Labor Management Representation</p> <p>____% Mediation/Arbitration</p> <p>____% Personal or Bodily Injury - Defense</p> <p>____% Taxation - Individual</p> <p>____% Worker's Compensation - Defense</p> <p>____% Other Defense Work _____</p> <p>____% Subtotal (I)</p> <p>II.</p> <p>____% Admiralty/Maritime</p> <p>____% Banking or Financial Institutions Services – other than loan documentation</p> <p>____% Commercial & Corporate General Litigation - Plaintiff</p> <p>____% Environmental</p> <p>____% Family Law – Divorce</p> <p>____% Labor Union Representation/Employee Relations</p> <p>____% Real Estate – Commercial</p> <p>____% Real Estate – Residential</p> <p>____% Personal or Bodily Injury – Plaintiff ***</p> | <p>____% Real Estate - Title**</p> <p>____% Taxation - Commercial</p> <p>____% Wills/Estate/Probate/Trust</p> <p>____% Worker's Compensation - Plaintiff</p> <p>____% Other Plaintiff Work _____</p> <p>____% Subtotal (II)</p> <p>III.</p> <p>____% Banking, or Financial Institutions Services – loan documentation, Bonds, Commercial Paper*</p> <p>____% Collections</p> <p>____% Securities, both exempt and non-exempt*</p> <p>____% Entertainment, Sports or Celebrity</p> <p>____% Investment Counseling/Money Management*</p> <p>____% Mergers/Acquisitions *</p> <p>____% Oil, Gas or Mining</p> <p>____% Patent, Copyright or Trademark</p> <p>____% Real Estate Syndication/Limited Partnerships*</p> <p>____% Civil Rights - Plaintiff</p> <p>____% Class Action - Defense</p> <p>____% Class Action – Plaintiff</p> <p>____% Medical Malpractice</p> <p>____% Mold</p> <p>IV.</p> <p>____% Other (please describe below)</p> <p>_____</p> <p>_____</p> |
|--|--|

100% GRAND TOTAL
 * Complete Supplement #4
 ** Complete Supplement #5
 *** Complete Supplement #6

C. At any time, has the firm or an attorney of the firm (regardless of what firm they were practicing with at the time) provided professional services in any way related to a security or to securities transactions (whether or not consummated) which are or may be subject to the Securities Act of 1933 or the Securities Exchange Act of 1934, or any amendments thereof, or any state blue sky or securities law, or any law related to any purchase, sale or offer to purchase or sell a security, or any rules or regulations issued pursuant to any of the foregoing?
 If "yes", complete **SUPPLEMENT #4**. Yes No

7. Outside Interests:

- A. Has the applicant had any one account or group of related accounts that has produced more than 30% of the total income of the applicant over the past three years? If "yes", complete **SUPPLEMENT #1, Item C**. Yes No
- B. Does any firm member serve as a director, officer, trustee, partner or employee and/or possess any ownership interest in any client of the applicant firm? If "yes", complete **SUPPLEMENT #3**. Yes No
- C. Does any firm member exercise fiduciary control in any client or in any joint venture with a client? If "yes", complete **SUPPLEMENT #3**. Yes No

8. Firm Management and Administration:

A. Docketing: Does your firm use a (check all that apply): Computer Tickler System Perpetual Calendar
 Pocket Diary/Daytimer Other: _____

I/We hereby authorize agents of the Company to make an independent investigation with any and all regulatory agencies of any Bar Association or the other state agency or private source with impunity to any right of privacy under law or otherwise.

This duly completed application, together with any supplementary information, **must be signed in ink** by the applicant or any officer or partner of the firm. Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed and dated to be considered for quotation.

Minnesota residents have the right to see their personal records and correct personal information collected.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. **Arkansas and Louisiana Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Colorado and Virginia Fraud Warning:** 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 benefits, and/or civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 or regulatory agencies. **Florida Fraud Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New York Fraud Warning:** 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 violation. **Ohio Fraud Warning:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oregon Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime.

I/We understand that information submitted becomes part of the Applicant's Professional Liability Applications and is subjected to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm

Title

Date

**A COPY OF YOUR CURRENT LETTERHEAD MUST BE ATTACHED
TO YOUR APPLICATION**

Applicant:

SUPPLEMENT 1

ADDITIONAL INFORMATION SUPPLEMENTAL APPLICATION

Use this addendum to capture the detailed information requested in the application for lawyers professional liability coverage (attach a separate sheet if necessary).

A. Other Office Location(s): List the other office location(s), number of attorneys at each location and purpose of each additional location:

Location	Number of Attorneys	Purpose

B. Predecessor Firm(s):

Name of Firm	No. of Lawyers in Prior Firm	Date Formed MM/DD/YY	Date of Merger or Dissolution	% Of Assets and Liabilities Assumed	No. of Principals/ Employed Lawyers From Prior Firm

C. Clients Producing More than 30% of Applicant's Income:

Name of Client	% of Billings	Industry

D. Experience

1. Insurance Declination/Cancellation/NonRenewal: _____

2. Reprimand/Disciplinary/Suspension/Disbarment/Revocation: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm

Title

Date

Applicant:

SUPPLEMENT 2

CLAIM SUPPLEMENTAL APPLICATION

Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit during the past five years. **COMPLETE ONE FORM FOR EACH CLAIM.**
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach separate sheet.
3. **Leave no answer blank.**

Please type or print.

1. Full Name of Applicant: _____

2. Full Name of individual(s) of firm involved in the claim:

3. Full Name of Claimant: _____

4. Date of Alleged Error: _____ 5. Date of Claim: _____

6. Additional Defendants:

7. Present Status of Claims: _____ Open _____ In Suit _____ Closed

8. Total Loss Paid: \$ _____ Name of Insurer: _____

Court Judgment: _____ Out of Court Settlement: _____

9. If pending: Amount asked in summons: \$ _____

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of insurer: _____

10. Description of claim - including likelihood of liability if pending: (Please provide enough information to allow an evaluation and use reverse side if additional space is required.)

A. Allegation upon which Claimant bases claim: _____

B. Description of case and events:

I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

_____	_____	_____
Signature of Owner, Officer or Partner of the Firm	Title	Date

Applicant:

SUPPLEMENT 3

DIRECTORS & OFFICERS/OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION

Name of Lawyer	Position Held	Name of Business	Nature of Business	% Equity Interest	Profit/Non Profit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm _____ Title _____ Date

Applicant:

SUPPLEMENT 4

**SECURITIES, SYNDICATION/DEVELOPMENT, CORPORATE
FORMATION/ALTERATION AND MERGERS/ACQUISITIONS
SUPPLEMENTAL APPLICATION**

1. List the names of all lawyers engaged in securities and/or related practice:

Name	Years in this Specialty	Former SEC Staff Member	
		Yes	No

2. Gross income derived from securities and/or securities related practice:
Last twelve months \$ _____ Anticipated next twelve months \$ _____
Does the applicant accept securities in lieu of fees as payment of services rendered involving securities related transactions? _____ Yes _____ No. If yes, provide details:

3. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past three years:

Year	Client	Industry	Size of Offering	Primary (P) or Secondary (S)	Taken Up or Not	Type of Transaction

4. Other than primary and secondary offerings, describe in detail any other work involving securities practice: _____

5. Describe in detail what steps are taken to satisfy the “due diligence” requirements under Section 11 of the Securities Act of 1933 by attachment.

6. Does the applicant provide investment counselor services or render tax opinions in connection with the transactions handled? _____ Yes _____ No. If yes, provide details:

7. Please list all syndication/development transactions the firm has handled in the last five years.

Client	Type of Business	Type of Syndication/ Development	Dollar Amount	% Equity Interest		D&O Insurance Y or N
				Indiv.	Firm	

8. Does any service described above involve rendering of advice on securities? Yes No

9. Does the Firm's syndication/development activities include the rendering of Taxation advice? Yes No If yes, please explain.

10. Corporate Formation/Alteration (describe):

11. Mergers/Acquisitions (describe):

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm Title Date

Applicant:

SUPPLEMENT 5

OPTIONAL TITLE INSURANCE AGENTS/AGENCY SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT MUST BE COMPLETED BY APPLICANTS THAT ARE TITLE AGENTS AND/OR OWN A TITLE AGENCY.

1.

Name of the Title Firm: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Does the applicant own this firm? Yes No

2. List the names of the persons acting as Title Insurance Agents:

3. Provide the total number of title policies, for all persons, issued in the past 12 months? _____

4. Gross Income:

	Last 12 Months	Estimate for Next 12 Months
Title Insurance Commissions	\$ _____	\$ _____
Abstracting/Search Fees	\$ _____	\$ _____
Escrow Fees	\$ _____	\$ _____
Closing Fees	\$ _____	\$ _____
Other(describe	\$ _____	\$ _____

5. In the last 5 years, has any claims or suits been made during the past 5 years against any applicants, their predecessor firm or any of the present agents, or to the knowledge of the agency, against any past agent? Yes No

6. Is any applicant aware of any circumstances that may result in any claim being made against the applicant, their predecessor firm or any of the present or past agents? Yes No

Please complete Supplement 2 if answer is yes to question

7. Has any similar insurance for any applicant, present agents, associates or predecessor firm ever been declined or canceled? Yes No If yes, please provide details: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm

Title

Date

Applicant:

SUPPLEMENT 6

BI/PI PLAINTIFF SUPPLEMENT

APPLICANTS THAT INDICATE ANY PERCENTAGE OF BI/PI PLAINTIFFS WORK MUST COMPLETE THIS SUPPLEMENT. PLEASE ANSWER ALL QUESTIONS IN RELATION TO YOUR BI/PI PLAINTIFF PRACTICE ONLY.

1. Provide the percent of BI/PI Plaintiff cases and total number of Bi/PI Plaintiff cases:

BI/PI Plaintiff Category (Attach any website pages in which the following are referenced)	% Of BI/PI Plaintiff Cases (This % must match the % of BI/PI Plaintiff work listed in your application)	Number of BI/PI Plaintiff Cases
Class Action/Mass Tort	%	
Automobile	%	
Product Liability	%	
Medical Malpractice (answer questions 3-6)	%	
Slip and Fall	%	
Aviation	%	
Legal Malpractice	%	
Other (describe)	%	
Total (Must match % in application)	%	

2. Average dollar value of cases:

BI/PI Plaintiff Category	Average Dollar Value of Case
Class Action/Mass Tort	\$
Automobile	\$
Product Liability	\$
Medical Malpractice (answer questions 3-6)	\$
Slip and Fall	\$
Aviation	\$
Legal Malpractice	\$
Other (describe)	\$

Answer the following if Medical Malpractice indicated in Questions 1 and 2:

3. Describe the nature of the firm's Medical Malpractice Plaintiff work:

4. Does the firm only take cases where the damages are already established? Yes No

5. Percentage of cases (must equal 100%): settled before trial: _____% tried to conclusion: _____%

6. Describe the firm's procedure for tracking the Statute of Limitation on each Medical Malpractice Plaintiff case:

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known.

I understand the information submitted becomes part of the Applicant's Lawyers Professional Liability Application and is subject to the same representations and conditions.

Signature of Owner, Officer or Partner of the Firm Title Date

USE THIS APPLICATION SUPPLEMENT WITH ALL NEW YORK CLAIMS-MADE LIABILITY POLICY APPLICATIONS WHERE ONE YEAR TAIL (EXTENDED REPORTING PERIOD OR DISCOVERY PERIOD) IS REQUIRED BY NEW YORK REGULATION 121.

NEW YORK REGULATION 121
APPLICATION DISCLOSURE SUPPLEMENT

"Us" and "We" where used in this supplement mean the insurance company to which application for coverage is being made. "Claims-made relationship" means that period of time between the effective date of the first claims-made policy between us and you (the insured) and the cancellation or nonrenewal of the last consecutive claims-made policy between such parties, where there has been no gap in coverage, but does not include any period covered by tail coverage.

Retroactive Date/Prior Acts Exclusion Date/"Nose" Coverage

Coverage for acts or omissions that happened prior to the beginning of the policy period is referred to in this supplement as -nose-coverage. If the policy has a retroactive date feature or an exclusion or other wording deleting coverage for acts or omissions that happened before a certain date (a prior acts exclusion), then nose coverage is limited (or non existent) and **THERE IS NO COVERAGE FOR ACTS OR OMISSIONS THAT HAPPENED PRIOR TO THAT DATE.**

Claims-Made Policy

In a claims-made policy, generally, coverage is provided for liability **ONLY IF THE CLAIM (as defined in the Policy) FOR DAMAGES IS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY, AS SOON AS POSSIBLE, DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.** All coverage ceases upon termination of the policy, except for the tail coverage.

Extended Reporting Period/Discovery Period/"Tail" Coverage

The Extended Reporting Period, or Discovery Period as it may be called, increases the time within which a claim may be eligible for the policy's coverage. This is referred to in this supplement as "tail" coverage. The tail coverage helps to prevent the situation of a claim going uncovered because of cancellation or nonrenewal of the policy or other termination of the coverage provided by the policy. It provides for a period of time after termination of coverage during which claims first made against the Insured and reported to us in writing, for acts or omissions that happened before the termination of coverage and otherwise covered by the policy, will be covered. Generally, this optional tail coverage can be purchased if coverage is terminated either by you or by us. If the optional tail is not purchased, an automatic tail coverage goes into effect upon termination of coverage; however, this automatic tail lasts for only 60 days, (90 days if the policyholder is a public entity as defined in section 107(a)(51) of the New York Insurance Law). After the end of the tail, you will have a gap in your insurance coverage, unless you have obtained appropriate coverage to fill the gap. **UPON TERMINATION OF COVERAGE IT IS VERY IMPORTANT THAT YOU CONSULT WITH YOUR INSURANCE AGENT OR BROKER OR OTHER PROFESSIONAL INSURANCE ADVISER.**

The length or the optional tail offered in the policy is **ONE YEAR** generally, but this option will not be available in some circumstances. It will not be available if coverage is terminated by us because of non-payment of premium or fraud and at the effective date of such termination of coverage a claims-made relationship has continued for less than one year.

Future Premium Increases As Claims-Made Relationship Matures

During the first several years of being covered on a claims-made basis, claims-made rates are generally comparatively lower than rates on other policies generally known as occurrence policies, especially if there is no nose coverage initially, and you can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

THIS DISCLOSURE SUPPLEMENT GENERALLY DISCUSSES CERTAIN IMPORTANT FEATURES OF THE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY AND DISCUSS IT WITH YOUR INSURANCE AGENT OR BROKER OR OTHER PROFESSIONAL INSURANCE ADVISER. THE PROVISIONS OF THE POLICY FORM AND ENDORSEMENTS THERETO ARE CONTROLLING.