

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Proposal Form

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.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm _____

Address _____

City _____

County _____

State _____

Zip Code _____

Phone: _____

Fax: _____

The person designated as agent of the Applicant Firm and of all Insureds to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Name _____

Title _____

E-mail Address _____

General Information

1. Check the box that describes the above Applicant Firm.
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Professional Corporation | | |

If you are a sole proprietor, provide the name of the lawyer(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc).

Name: _____

Address (City, State, Zip): _____

Telephone Number: _____

2. Date Commenced Business: _____
3. List the names of all Predecessor Firms to whose assets and liabilities the Applicant Firm is the majority successor in interest. Include the date the Predecessor Firms were established and the dates of merger.

Name of Predecessor Firm	Date Established	Date of Merger

4. Indicate the total number of personnel by location.

	Principal Office	Branch Office (a)	Branch Office (b)	Branch Office (c)
Total number of lawyers				
Paralegals or law clerks				
Other clerical/support staff				

Complete the Individual Insured Supplemental Form (LPL 29600).

5. Does any lawyer in the Applicant Firm serve as a director, officer, trustee or partner of, or exercise any fiduciary control over, any organization other than the Applicant Firm? ☐ Yes ☐ No
- If "Yes", complete the following.

Name of Lawyer	Name of Organization	Is Organization For Profit or Non—Profit?	Is the Organization a Firm Client?	Position Held by Lawyer	Percentage of Equity Held	Percentage of Total Firm Billings
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Carolina Casualty Insurance Company

Nature of Practice

6. Indicate the gross income for the applicable fiscal year (gross income means all sums billed to clients for services rendered, or if your Applicant Firm deals primarily with contingency fee cases, your average annual gross revenue):

Actual for immediate past fiscal year:

\$ _____

7. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice:

<u>Area of Practice</u>	<u>%</u>	<u>Area of Practice</u>	<u>%</u>
Administrative Law - General	_____ %	Insurance Coverage	_____ %
Admiralty/Maritime	_____ %	Insurance Defense Litigation	_____ %
Antitrust/Trade Regulation	_____ %	International Law	_____ %
Arbitration/Mediation	_____ %	Labor Relations - Labor	_____ %
Bankruptcy	_____ %	Labor Relations - Management	_____ %
Banks/Savings and Loans	_____ %	Litigation (Civil)	_____ %
Civil Rights and Discrimination	_____ %	Local Government Law – without bonds	_____ %
Collection/Repossession	_____ %	Mergers and Acquisitions	_____ %
Commercial Law	_____ %	Oil and Gas	_____ %
Commercial Litigation – Defense	_____ %	Pension and Employee Benefits	_____ %
Commercial Litigation - Plaintiff	_____ %	Personal Injury and Negligence Litigation - Defense	_____ %
Communications (FCC)	_____ %	Personal Injury and Negligence Litigation - Plaintiff	_____ %
Construction Law	_____ %	Public Contract Law	_____ %
Copyright/Patent/Trademark	_____ %	Public Utilities	_____ %
Corporate Organization/Formation	_____ %	Real Property - Conveyance	_____ %
Criminal Law	_____ %	Real Property - Development	_____ %
Entertainment/Sports – with Money Management	_____ %	Real Property - Title Examination	_____ %
Entertainment/Sports – without Money Management	_____ %	Securities Law – including municipal bonds	_____ %
Environmental Law	_____ %	Taxation - Opinions	_____ %
Estate, Trust and Probate	_____ %	Taxation - Preparation	_____ %
Family Law	_____ %	Workers' Compensation Litigation - Plaintiff	_____ %
General Corporate/Business	_____ %	Workers' Compensation Litigation - Defense	_____ %
Healthcare	_____ %	Other (list):	_____ %
Immigration and Naturalization	_____ %		_____ %
		TOTAL	100%

8. Indicate the percentage of the Applicant Firm's plaintiff cases that are class actions suits.

_____ %

General Policy and Procedures

9. Docket and Calendar Procedures:

(a) Does the Applicant Firm maintain a planned docket control system and procedure with at least 2 independent date controls?

☐ Yes ☐ No

(b) Are the docket control system(s) and the procedure computerized?

☐ Yes ☐ No

10. Business Procedures:

(a) Does the Applicant Firm use engagement/disengagement/non-engagement letters?

☐ Yes ☐ No

(b) Does the Applicant Firm maintain a system to avoid conflicts of interest?

☐ Yes ☐ No

(c) Is the conflicts system computerized?

☐ Yes ☐ No

(d) How many suits for collection of fees have been filed by the Applicant Firm during the past 2 years?

(e) How many lawyers of the Applicant Firm have participated in formal continuing legal education programs, of at least 7 hours, during the last year?

(f) Does the Applicant Firm share office space, expenses, cases, or letterhead with any other individual, of counsel, partnership, firm, or organization? If "Yes", provide, on separate attachment, the name of the entity(ies).

☐ Yes ☐ No

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Prior Insurance Information

11. Has the Applicant Firm or any predecessor in business ever had an insurer decline, cancel, refuse to renew, rescind, or accept only on special terms, any professional liability insurance? (Not applicable in Missouri) ☐ Yes ☐ No
If "Yes", provide full details. _____

12. Has the Applicant Firm or any predecessor in business ever purchased an "Extended Reporting Period" or "Discovery Period" under a prior policy which extended the claims reporting period of the policy following cancellation or non-renewal? ☐ Yes ☐ No
If "Yes", provide full details. _____

13. List the professional liability insurance purchased by the Applicant Firm for each of the past 5 years.

Insurer	Limit of Liability	Deductible	Premium	From Mo/Day/Yr	To Mo/Day/Yr

14. Does the Applicant Firm's current or most recently expired policy contain a retroactive date? ☐ Yes ☐ No
If "Yes", indicate the date: _____ (Mo/Day/Yr)

Litigation and Claim Information

15. Has any lawyer in the Applicant Firm ever been refused admission to practice, disbarred, or suspended from practice, reprimanded, sanctioned, or disciplined by any court or administrative agency? ☐ Yes ☐ No
If "Yes", provide full details. _____

16. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? ☐ Yes ☐ No
If "Yes", provide full details on the Claim / Incident Supplemental Form (LPL 29610).

17. Is the Applicant Firm or any lawyer in the Applicant Firm aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Applicant Firm, or any predecessor in business, or any past or present lawyers in the Applicant Firm? ☐ Yes ☐ No
If "Yes", provide full details on the Claim / Incident Supplemental Form (LPL 29610).

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN RESPONSE TO QUESTIONS 16. OR 17.

Carolina Casualty Insurance Company

Please Read Carefully

The undersigned acting on behalf of the Applicant Firm and all persons proposed for this insurance declares that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agrees that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

	Title:
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Partner, Owner, Officer or Principal

	Dated:
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Print Name

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, LLC, 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

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 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 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.

NOTICE TO APPLICANTS OF 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 MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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 APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF 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.

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.

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4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Real Estate Supplemental Form

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. Real Estate Experience

Name of Each Attorney Who Performs Real Estate Work	Number of Years Real Estate Experience	Percentage of Time Devoted to Specialization

3. Of the percentage of real estate work listed in the "Area of Practice" section of the Proposal Form, what portion is derived from:

(a) Purchase and Sale – Residential	_____ %
(b) Purchase and Sale – Commercial	_____ %
(c) Land Use/Development	_____ %
(d) Financing/Loan Workouts	_____ %
(e) Mortgages/Foreclosures – Residential	_____ %
(f) Mortgages/Foreclosures – Commercial	_____ %
(g) Landlord/Tenant	_____ %
(h) Construction/Mechanics' Liens	_____ %
(i) Tax Abatement	_____ %
(j) Condominiums/Cooperatives/Town Homes	_____ %
(k) Other (attach separate narrative)	_____ %

THIS FIGURE MUST MATCH THE TOTAL PERCENTAGE LISTED IN THE
"AREA OF PRACTICE" SECTION, REAL PROPERTY, OF THE PROPOSAL
FORM.

TOTAL _____ %

4. Does the Applicant Firm undertake any aspect of financial or valuation analysis of transactions for clients (e.g., tax ramification or appraisal)?

☐ Yes ☐ No

5. Does the Applicant Firm undertake responsibility for the preparation or review of closing calculations (e.g., preparation of settlement statements or determination of prorations)?

☐ Yes ☐ No

6. Indicate whether the Applicant Firm rendered written opinions to clients on the following:

a) Land use, zoning, and real property regulatory matters

☐ Yes ☐ No

b) Securitization of loans

☐ Yes ☐ No

c) Compliance with laws

☐ Yes ☐ No

d) Lien validity, priority, and perfection (e.g., priority of security interests in personal property and deed of trust liens on real property)

☐ Yes ☐ No

e) Possession of required permits and licenses

☐ Yes ☐ No

Carolina Casualty Insurance Company

- f) Regulatory matters (e.g., Interstate and Land Sale Act) ☐ Yes ☐ No
- g) Bankruptcy matters ☐ Yes ☐ No
- h) Foreign transactions ☐ Yes ☐ No
- i) Tax matters ☐ Yes ☐ No
- j) Environmental matters ☐ Yes ☐ No

7. Indicate whether the Applicant Firm has provided legal services in connection with any property transfer in which the Applicant Firm also performed the following (also please indicate the percentage of commercial or residential):

		Commercial	Residential
a) Abstracting services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %
b) Title opinion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %
c) Issuance of title policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %
d) Escrow services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %
e) UCC search	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	_____ %

1.) If "Yes" to any part of Question 7. above, what percentage of the applicant's receipts come from title policies issued to properties on which the applicant also performed the abstracting services or title opinion?

Current Year	_____ %
Previous 12 mos.	_____ %

2.) If "Yes" to any part of Question 7. above, state the name of the Title Insurance Company or Companies represented and the approximate premium volume placed with each:
(Provide separate attachment if necessary.)

	Title Insurance Company	Approximate Premium Volume
Current Year	_____	\$ _____
	_____	\$ _____
Previous 12 mos.	_____	\$ _____
	_____	\$ _____

8. Does the Applicant Firm have a procedure requiring that at least one lawyer, who is not working on the transaction question, review and approve all legal descriptions and commitments in closing documents, including title?

☐ Yes ☐ No

If "Yes", in writing?

☐ Yes ☐ No

9. Does the Applicant Firm have a procedure requiring the preservation of written records of its lawyers in connection with directions received from clients and client acknowledgment of actions taken?

a) Directions received

☐ Yes ☐ No

b) Client acknowledgment

☐ Yes ☐ No

10. Does the Applicant Firm have a policy which prohibits any member of the firm from performing the title abstracting services and representing any party in the same real estate transaction?

☐ Yes ☐ No

If "Yes", in writing?

☐ Yes ☐ No

Carolina Casualty Insurance Company

11. Does the Applicant Firm have a policy which requires the recommendation of:
- a) Attendance at all client closings? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
- b) Title insurance for all closing property transfers? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
- c) Thorough review of title policy exceptions with client? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
12. Does the Applicant Firm require formal internal training sessions on the firm policies and procedures for new lawyers who will become involved in its real estate practice? ☐ Yes ☐ No
13. Do the Applicant Firm's legal services, in connection with property transfer or leasing transactions, include a procedure to evaluate such things as:
- a) Whether the type of business in question creates, or may in the past have created, environmental problems? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
- b) Whether any real or personal property owned or leased, now or in the past, or property to be acquired, is likely to be contaminated by hazardous substances (e.g., asbestos, lead or PCBs)? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
- c) Whether any specific site locations owned or leased, now or in the past, or property to be acquired, are located in or adjacent to, ecologically sensitive areas (e.g., wetlands, flood plains, aquifers, or conservation areas, etc.)? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
- d) Whether any entity connected to the client, including all past and present parent subsidiaries, divisions or spin-offs has ever been fined, penalized, cited, or sued for violating any federal, state, or local environmental law or regulation? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
14. Does the Applicant Firm have a procedure which requires the investigation of potential, material environmental risks before resolution of price and other central terms and conditions? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
15. Does the Applicant Firm have a procedure which requires its attorneys to perform a thorough review with the client, of the economic impact of known environmental considerations and potential benefits of further identification or quantification of environmental risks in property transfer or leasing transactions with potential, material environmental exposure? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
16. Does the Applicant Firm have procedures which address the conduct of employees relative to the handling of material, confidential information concerning environmental audits or investigation of transaction related parties? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
17. Does the Applicant Firm have a procedure requiring the preservation of the written records of the firm in connection with any documentation concerning disclosure of site contamination to potential buyers or lessees? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
18. Does the Applicant Firm have a procedure requiring the preservation of the written records of the firm, in connection with documentation of investigation of sites, for buyers or lessees to discover environmental damage? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No
19. Does the Applicant Firm have a procedure requiring its real estate lawyers to participate in in-house seminars on current environmental topics and developments and/or to attend continuing legal education seminars on current environmental developments? ☐ Yes ☐ No
If "Yes", in writing? ☐ Yes ☐ No

Carolina Casualty Insurance Company

20. Does the Applicant Firm have a written procedure which addresses the firm's referral of environmental consultants to the firm's clients? ☐ Yes ☐ No
- a) If "Yes", does the procedure require the recommendation of at least two consultants so as to require the client to choose one? ☐ Yes ☐ No
- b) If "Yes", does the procedure require the general preservation of written communication with the client verifying the client's responsibility for both the engagement decision and any resultant risks? ☐ Yes ☐ No

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, LLC, 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

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