



**TEXAS LAWYERS' INSURANCE EXCHANGE**  
APPLICATION FOR ATTORNEY'S PROFESSIONAL  
LIABILITY INSURANCE POLICY

*Please note that this application is for a claims made policy that will provide coverage for claims first made and reported to TLIE during the policy period subject to all terms, conditions and exclusions as specified in any policy that may be issued to the Applicant*

In Austin: (512) 480-9074  
Texas Toll-Free: (800) 252-9332  
FAX: (512) 482-8738  
**Street Address:**  
900 Congress Avenue  
Suite 500  
Austin, Texas 78701  
**Mailing Address:**  
P.O. Box 13325  
Austin, Texas 78711  
Website: [www.tlie.org](http://www.tlie.org)  
Email: [info@tlie.org](mailto:info@tlie.org)

APP-2-11/08

**ALL QUESTIONS MUST BE ANSWERED AND REQUIRED SUPPLEMENTS COMPLETED TO AVOID A DELAY IN PROCESSING YOUR APPLICATION.**

**INSTRUCTIONS** (Please print or type all responses to the following questions.)

- (a) If any space is insufficient for a complete reply, attach a separate sheet, identifying the question number you are answering.
- (b) If your answer to a question is "none," state "none" or "N/A" instead of leaving a blank.

**INFORMATION ABOUT YOUR PRACTICE**

- 1. Who should we contact first if we have a question about your application? \_\_\_\_\_
- 2. Does the firm employ a full-time non-lawyer administrator?  
 Yes  No If yes, name: \_\_\_\_\_
- 3. **ATTACH A COPY OF THE APPLICANT'S LETTERHEAD.** If new letterhead is not yet available, please attach a typed version of your anticipated letterhead.
- 4. Name of Applicant: \_\_\_\_\_
- 5. Date firm established: \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_
- 6. Check Type of Practice:  
 Individual  L.L.P.  Partnership  P.L.L.C.  P.C.  Joint Venture  Other (specify) \_\_\_\_\_
- 7. (a) Principal Office Mailing Address:  
Street \_\_\_\_\_ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 **Check here if billing and policy information should be sent to a different address. Provide address on an additional sheet.**
- (b) Website address: \_\_\_\_\_
- (c) Number of Offices: \_\_\_\_\_. If more than one, list addresses and name of individual office managers on an additional sheet if not shown on letterhead.
- 8. Are there any firms, other than the one named in response to Question 4 that you want covered by the insurance for which you are applying? (Do not include single attorney professional corporations practicing within the firm.)  
 Yes  No **If yes, list each firm name, dates that the firm existed and the approximate number of attorneys associated with each firm. Please note that TLIE reserves the right to reject or limit coverage for any entity listed in response to this question. Further, if a firm name is merely a prior name for the firm listed in response to Question 4 and no new legal entity was created when the name was changed, you need only note that there was a name change. ONLY FIRMS LISTED OR DEFINED AS INSURED IN A POLICY WILL BE COVERED BY THE POLICY. Single attorney professional corporations practicing under the Named Insured are defined as insureds in the policy.**

**INFORMATION ABOUT ATTORNEYS**

- 9. You must complete **BOTH SIDES** of the **Attorney Information Supplement** form which requests information about each attorney for whom insurance coverage is requested, even if you are a sole practitioner. You may provide the requested information on your own form if it provides all the applicable information. Failure to provide information will cause a delay in processing your application. **Any attorney listed on the supplement is referred to as a firm member in other questions on the application.**
- 10. "Of Counsel" Relationships  
(a) Does any attorney act as "Of Counsel" to your firm or is any attorney listed as "Of Counsel" on your firm's letterhead or website?  
 Yes  No **If yes, be sure to include any "Of Counsel" in your response to Question 9 and complete the Supplemental Of Counsel Information form.**

(b) Does any firm member act as "Of Counsel" to another law firm?

Yes  No If yes, please provide the name and address of that firm: \_\_\_\_\_

11. Provide the following information for each attorney who has left your firm within the last 12 months. Attach additional sheet if necessary.

Attorney's Name	Date Attorney Joined Firm	Date Attorney Left Firm

**NATURE OF YOUR PRACTICE**

12. If you are a solo attorney currently averaging 24 hours or less per week in actual practice, you may qualify for the Part-Time Basic Policy. Please provide the following information regarding your hours worked.

Current Avg Hours per Week	Last Year Avg Hours per Week	Two Years Ago Avg Hours per Week	Three Years Ago Avg Hours per Week	Four Years Ago Avg Hours per week

13. If you are a solo attorney currently working at least 75% of the time as a contract attorney for another law firm, please complete the following: Is your entire practice currently only as a contract attorney?

Yes  No If yes, please provide the name of that firm: \_\_\_\_\_

Of the past four years, how many have you spent working at least 75% of the time as a contract attorney? \_\_\_\_\_

14. Does your firm share office space or expenses with another firm?

Yes  No If yes, provide the following information about each of those firms.

Attorney/Firm Name	Bar Card Number	Date Sharing Began

15. List the percentage of time devoted by the Applicant to the specific areas of practice shown below. The total must equal 100%.

**A. REAL ESTATE – EXCLUDING SYNDICATIONS**

- \_\_\_% (1) Commercial Real Estate
- \_\_\_% (2) Residential Real Estate
- \_\_\_% (3) Foreclosure on Real Estate
- \_\_\_% (4) Real Estate other than (1), (2) or (3)

**B. GENERAL BUSINESS – OTHER THAN REAL ESTATE**

- \_\_\_% (1) Collections, Bankruptcy, Other Debt
- \_\_\_% (2) Business Organization Matters
- \_\_\_% (3) Business Transactions – Contracts
- \_\_\_% (4) General Business/Corporate Advice
- \_\_\_% (5) Financial Institution Representation

**C. FIDUCIARY – OTHER THAN FORECLOSURE SALES**

- \_\_\_% (1) ERISA
- \_\_\_% (2) Employee Benefits
- \_\_\_% (3) Attorney/Guardian Ad Litem

**D. SECURITIES LAW – INCLUDES ACTIVITIES THAT USE OR CONTEMPLATE THE USE OF INVESTOR FUNDS**

\_\_\_% If any, complete a Securities Supplement form.

**E. ESTATE, TRUST AND PROBATE LAW**

- \_\_\_% (1) Estate Administration
- \_\_\_% (2) Estate Planning
- \_\_\_% (3) Trust Administration
- \_\_\_% (4) Wills – Drafting
- \_\_\_% (5) Probate

**F. FAMILY LAW**

- \_\_\_% (1) Domestic Relations – Including Divorce
- \_\_\_% (2) Juvenile Proceedings
- \_\_\_% (3) Adoption Services

**G. PLAINTIFF REPRESENTATION FOR:**

- \_\_\_% (1) Bodily Injury or Personal Injury
- \_\_\_% (2) Workers' Compensation
- \_\_\_% (3) Medical Malpractice
- \_\_\_% (4) Mass/Group Tort, Class Action

**H. OTHER PLAINTIFF REPRESENTATION**

- \_\_\_% (1) Persons Seeking Other Affirmative Relief Under Civil Law
- \_\_\_% (2) Commercial Litigation

**I. DEFENSE**

- \_\_\_% (1) Insurance Defense
- \_\_\_% (2) Commercial Litigation Defense
- \_\_\_% (3) Criminal

**J. INTELLECTUAL PROPERTY**

\_\_\_% If any, complete an Intellectual Property Supplement form. Includes Copyright/Trademark

**K. TAXATION – INCLUDES TAX OPINIONS**

- \_\_\_% (1) Corporate
- \_\_\_% (2) Individual
- \_\_\_% (3) Shelters

**L. OTHER – INCLUDES OIL & GAS TITLE WORK – PLEASE LIST**

- \_\_\_% \_\_\_\_\_
- \_\_\_% \_\_\_\_\_
- \_\_\_% \_\_\_\_\_
- \_\_\_% \_\_\_\_\_
- \_\_\_% \_\_\_\_\_
- \_\_\_% \_\_\_\_\_

## **RISK MANAGEMENT/FIRM POLICIES AND PROCEDURES**

Most of the questions in this section seek information about your firm's risk management activities, procedures or lack of controls that can lead to a greater exposure to legal malpractice claims.

16. Has any firm member or any attorney who was a member of any entity listed in response to Questions 4 or 8 shown on the **Attorney Information Supplement** form served as a director or officer of a financial institution or provided legal services to any financial institution in the past 10 years? Answer "yes" even if the financial institution is no longer a client of the firm or the attorney who provided services to the financial institution is no longer with your firm.  
 **Yes**  **No** **If yes, complete a Supplemental Financial Institution Information form for each institution. Financial institutions include savings and loans, banks, credit unions, savings associations and building and loan associations, as well as service companies, subsidiaries and parent companies of such entities.**
17. Does the Applicant participate in or own an interest in a joint venture or subsidiary to provide specialized legal services to one or more clients?  
 **Yes**  **No** **If yes you have an ownership interest, complete an Equity Interest Supplement form. If you have a joint venture, please also provide details on a separate sheet including the following information: the purpose of the joint venture, the firm/attorneys with whom you joint venture, the expected duration of the joint venture and whether the other parties maintain professional liability insurance. Note: Mere referral arrangements are not the intent of this question. How much time, expressed as a percentage of total firm time, is devoted to this activity? \_\_\_\_\_**
18. Has the Applicant or any firm member represented any client(s) in which firm members have an equity interest or for whom a firm member is an officer, director or employee? Be sure to include any interest in title companies for which the Applicant provides legal services.  
 **Yes**  **No** **If yes, complete an Equity Interest Supplement form.**
19. Is the Applicant or any firm member a(n):  
 **Yes**  **No** **Licensed escrow officer for a title company?**  
 **Yes**  **No** **Fee attorney?**  
 **Yes**  **No** **Outside closing attorney, approved attorney or P-22 attorney?**  
**How many non-attorney licensed escrow officers are currently employed by the Applicant? \_\_\_\_\_**  
**Provide a copy of any agreements with title companies.**
20. Does any firm member perform legal services as an employee of a governmental body, a company or for any entity other than the Applicant?  
 **Yes**  **No** **If yes, provide the details of such employment on a separate sheet.**
21. Has the Applicant or any firm member ever acted as an investment manager or advisor for any client or ever had discretionary authority over the funds of any client?  
 **Yes**  **No** **If yes, provide details on a separate sheet.**
22. If the Applicant is a solo attorney, list any attorneys responsible for your practice in the event of a prolonged absence: \_\_\_\_\_  
\_\_\_\_\_
23. Does the Applicant have written policies and procedures regarding scheduling of work, deadlines and appointments?  
 **Yes**  **No** **If yes, please attach a copy of those policies and procedures. If no, please describe the manner in which scheduling of work, deadlines and appointments are handled in the office, including who keeps track of the schedule.**
24. Does the Applicant:  
(a)  **Yes**  **No** Utilize an engagement letter when accepting a representation which clearly shows the scope of services to be provided, the terms and rates applicable to the representation?  
(b)  **Yes**  **No** Utilize a non-engagement letter when declining a representation?  
(c)  **Yes**  **No** Utilize a disengagement letter when ceasing representation?
25. Does the Applicant have written policies regarding the avoidance of conflicts of interest?  
 **Yes**  **No** **If yes, attach copies. Be sure to include policies regarding business dealings with clients and services as an officer or director of a client. If no, describe the methods used to avoid conflicts of interest or check which of the following you use:**  
 Memory  Discussion with Firm Members  Computer  Index Files  Interoffice Memos  Other
26. If a potential conflict exists, do you obtain written conflict waivers that clearly:  
 **Yes**  **No** **Advise the clients of the nature of the conflict?**  
 **Yes**  **No** **Advise the clients how it could affect the representation?**

Yes  No **Advise the clients to consider consulting another attorney either about the conflict and/or the original matter prior to signing a waiver?**

27. Does the Applicant have a written policy regarding filing suit against clients for delinquent fees?

Yes  No **If yes, attach a copy of your policy.**

28. Has the Applicant filed any suit for delinquent fees against clients in the last three years?

Yes  No **If yes, how many suits have been filed?** \_\_\_\_\_

**How many of these suits for fees resulted in a counterclaim for legal malpractice or breach of fiduciary duty?** \_\_\_\_\_

**INSURANCE LIMITS OF LIABILITY AND DEDUCTIBLES REQUESTED**

29. TLIE offers the following policies: PLEASE NOTE THAT TLIE RESERVES THE RIGHT TO RESTRICT THE AVAILABILITY OF LIMITS OF LIABILITY AND DEDUCTIBLES DEPENDING UPON FIRM SIZE, PRACTICE AREAS, CLAIMS EXPERIENCE, YEARS IN PRACTICE AND FIRM FINANCIAL STATUS. DEDUCTIBLES IN EXCESS OF \$10,000 MAY REQUIRE THE SUBMISSION OF AN ACCEPTABLE FINANCIAL STATEMENT. Please refer to the information enclosed with your application or call us with questions. In regard to the limit and deductible choices, the first number is the per claim limit or deductible and the second is the aggregate limit or deductible for the policy year.

Indicate below the policy form, limits of liability and deductible(s) for which you would like to receive quotes.

<b>Regular Policy</b>																					
<u>Limits of Liability</u>		<u>Deductible</u>																			
\$ Per Claim/Aggregate		\$ Per Policy Year																			
100,000/100,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>												
100,000/300,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>												
200,000/600,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>												
500,000/500,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	<input type="checkbox"/>								
500,000/1,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	<input type="checkbox"/>							
1,000,000/1,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	<input type="checkbox"/>							
2,000,000/2,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	<input type="checkbox"/>				
3,000,000/3,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	<input type="checkbox"/>				
4,000,000/4,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	250K/750K	<input type="checkbox"/>	500K	<input type="checkbox"/>	
5,000,000/5,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	250K/750K	<input type="checkbox"/>	500K	500K/1,000K	<input type="checkbox"/>
5,000,000/10,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	250K/750K	<input type="checkbox"/>	500K	500K/1,000K	<input type="checkbox"/>
10,000,000/10,000,000	<input type="checkbox"/>	1K	<input type="checkbox"/>	3K	<input type="checkbox"/>	5K	<input type="checkbox"/>	10K	<input type="checkbox"/>	25K	<input type="checkbox"/>	50K	100K	100K/300K	<input type="checkbox"/>	250K	250K/750K	<input type="checkbox"/>	500K	500K/1,000K	<input type="checkbox"/>
<input type="checkbox"/> Other Limits (specify) _____																					

  

<b>Basic Policy</b>			<b>New Attorney Basic Policy*</b>			<b>Part-Time Basic Policy*</b>		
<u>Limits of Liability</u>		<u>Deductible</u>	<u>Limits of Liability</u>		<u>Deductible</u>	<u>Limits of Liability</u>		<u>Deductible</u>
\$ Per Claim/Aggregate		\$ Per Policy Year	\$ Per Claim/Aggregate		\$ Per Policy Year	\$ Per Claim/Aggregate		\$ Per Policy Year
100,000/300,000	<input type="checkbox"/>	1K	100,000/300,000	<input type="checkbox"/>	1K	100,000/300,000	<input type="checkbox"/>	1K
200,000/600,000	<input type="checkbox"/>	1K	*You must have been practicing for less than four years to potentially qualify for this option.			*You must have completed Question 12 to potentially qualify for this option		
500,000/500,000	<input type="checkbox"/>	1K						
1,000,000/1,000,000	<input type="checkbox"/>	1K						

  

<b>Contract Attorney Basic Policy</b>			<b>Referral Service Only Basic Policy*</b>			Name of Referral Service: _____
<u>Limits of Liability</u>		<u>Deductible</u>	<u>Limits of Liability</u>		<u>Deductible</u>	
\$ Per Claim/Aggregate		\$ Per Policy Year	\$ Per Claim/Aggregate		\$ Per Policy Year	
100,000/300,000	<input type="checkbox"/>	1K	100,000/300,000	<input type="checkbox"/>	1K	
*You must have completed Question 13 to potentially qualify for this option.			*Only certain referral services qualify for coverage.			

**INSURANCE AND LIABILITY HISTORY**

ALL REPRESENTATIONS IN THIS APPLICATION ARE MADE ON BEHALF OF THE APPLICANT, ALL FIRM MEMBERS AND NON-ATTORNEY EMPLOYEES. THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PERSON SIGNING THE APPLICATION ONLY IF RECENT INQUIRY HAS BEEN MADE TO FIRM MEMBERS AND NON-ATTORNEYS EMPLOYED BY THE APPLICANT ABOUT THEIR KNOWLEDGE OF ANSWERS TO THE QUESTIONS. BOTH FIRM MEMBERS AND EMPLOYEES (INCLUDING NON-ATTORNEYS) OF THE APPLICANT MUST SUPPLEMENT THE ANSWERS TO THESE QUESTIONS AS CIRCUMSTANCES CHANGE UNTIL ISSUANCE OF A POLICY.

30. List the information requested about professional liability insurance policies issued to the Applicant in the past five years, beginning with any coverage currently in force.

Insurance Company	Limits	Deductible	Expiration Date	Premium	Give effective dates for any Extended Reporting Tail Options Purchased

IF CURRENTLY INSURED, PLEASE PROVIDE THE PRIOR ACTS OR RETROACTIVE DATE ON YOUR CURRENT POLICY: \_\_\_\_\_

To help expedite the processing of your application, please attach a copy of your current Declarations page and all Endorsements.

31. Has the Applicant or any firm member ever had professional liability insurance cancelled, declined or not renewed?  
 Yes  No **If yes, attach a copy of the cancellation, declination or nonrenewal notice.**
32. Has the Applicant or any firm member ever been the subject of a professional liability claim?  
 Yes  No **If yes, complete Supplemental Claim Information forms.**
33. Does any firm member or employee (including non-attorneys) of the Applicant know, have reason to know, or have any basis to believe that a circumstance, act, error or omission might reasonably be expected to be the basis for a professional liability claim against the Applicant or any attorney listed on the **Attorney Information Supplement form**?  
 Yes  No **If yes, attach a Supplemental Claim Information form. ANY SUCH MATTERS SHOULD BE REPORTED TO YOUR CURRENT INSURER AND WILL NOT BE COVERED UNDER A SUBSEQUENT TLIE POLICY.**
34. Has any firm member had a grievance filed against him or her in the past five years?  
 Yes  No **If yes, attach a copy of the grievance, a description of the circumstances of the grievance, and the status or outcome of any grievance proceeding.**  
 Was any grievance accompanied by a related claim for legal malpractice?  
 Yes  No **If yes, attach Supplemental Claim Information form.**
35. Has any firm member ever voluntarily accepted discipline or been refused admission to the bar, reprimanded (privately or publicly), suspended from the practice of law, disbarred, received a probationary license or otherwise disciplined by any disciplinary or licensing authority?  
 Yes  No **If yes, provide full details on a separate sheet.**

**NOTE: Before Signing this Application, Please Check to be Sure that All Questions are Completely Answered, Appropriate Supplements are Completed and You Have Attached a Copy of Your Firm's Letterhead.**

**WARRANTY**

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby warrant and declare that the foregoing statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Association; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Association, said representations being deemed continuous, of any change in facts occurring prior to issuance of insurance pursuant hereto.

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby authorize release to the Association or its authorized representative, by any State Bar Association, my/our present and prior professional liability insurance carriers, or any other sources, any claims, underwriting, or other information having a bearing upon my/our acceptability as a professional liability insurance risk.

It is understood that this is an application for insurance and not an insurance binder. **CAUTION: Any misstatements made in this application could invalidate any policy issued on the basis of this application.**

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

**SUBSCRIBER'S AGEEMENT AND POWER OF ATTORNEY**

The undersigned hereafter known as the Subscriber, agrees with other subscribers at an Exchange known as the TEXAS LAWYERS' INSURANCE EXCHANGE, hereinafter referred to as the Association, located in Austin, Texas, to exchange private contracts of indemnity. To that end, I hereby appoint the President of the Association and/or such person or persons as may be designated by the Board of Directors in accordance with Section 8, Article VIII of the Bylaws, and licensed by the Commissioner of Insurance of the State of Texas, with full powers of substitution and revocation, and with authority to act jointly and severally, as my Attorney-in-Fact, in my name, place and stead, to represent me in the following matters:

1. *To exchange with other subscribers at such Exchange, insurance coverages as now or hereafter authorized by the Board of Directors; to subscribe and deliver all proper contracts of insurance; to take any action in furtherance of the exchange of such contracts of insurance; to do and perform every other thing that I could do in respect to such contracts so exchanged, including the appearance and defense in my name in actions and proceedings; and to manage and conduct the business, affairs and property of the Exchange under the supervision of the Board of Directors.*
2. *The powers hereby vested in my said attorney shall be exercised only in accord with the decisions of the Board of Directors of the Association, provided that the said attorney may deputize such person or persons as may be appointed therefor by the Board of Directors of the Association, to authenticate the policy contracts now applied for or those that I may hereafter apply for, and all papers pertaining thereto. It is understood that the subscribers reserve unto themselves the right to govern the Association according to the decision of a majority of subscribers present in person or by proxy at any meeting.*
3. *I adopt as a part of this agreement the Bylaws of the Exchange now or hereafter effective.*
4. *I agree that this Power of Attorney shall have application to all insurance applied for by me, including such modifications or changes in any of my insurance as may be made at my request, and the representations made by me in connection with each policy shall have the same force and effect as if contained in this instrument.*
5. *I agree that to the fullest extent now or hereafter permitted by law, no director of the Exchange shall be personally liable to the Exchange or to its Subscribers for monetary damages for any act or omission in the director's capacity as a director except liability for (i) a breach of a director's duty of loyalty to the Exchange or its Subscribers, (ii) an act or omission not in good faith or that involves intentional misconduct or a knowing violation of the law, (iii) a transaction from which a director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office, (iv) an act or omission for which the liability of a director is expressly provided for by statute, or (v) an act related to an unlawful stock repurchase or payment of a dividend. Any repeal or modification of the foregoing paragraph by the Subscribers of the Exchange shall not adversely affect any right or protection of a director of the Exchange existing at the time of such repeal or modification. The effective date of the limitation of liability provided by this paragraph shall be the due date of member approval of this Paragraph 5.*
6. *I agree further that this Power of Attorney shall be and become effective on the date hereof, and shall remain in force and effect only as long as I have a contract of insurance with the Exchange. This power of attorney shall not terminate on disability of the principal. This agreement is strictly limited to the use and the purpose herein expressed and to no other purpose.*

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Date	Applicant Name	Authorized Signature
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**CHECKLIST:**

- HAVE YOU INCLUDED A COPY OF YOUR LETTERHEAD?
- HAVE YOU SIGNED AND DATED THE WARRANTY AND SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY?
- HAVE YOU INCLUDED YOUR PRIOR EMPLOYMENT HISTORY, IF ANY?
- IF CURRENTLY INSURED WITH ANOTHER COMPANY, HAVE YOU INCLUDED A COPY OF THE DECLARATIONS PAGE AND ANY ENDORSEMENTS?