



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company

Home Office: Scottsdale, Arizona

Administrative Office: 7 World Trade Center, 37th Floor • 250 Greenwich Street • New York, NY 10007-0033
1-800-423-7675

BRIDGE QUESTIONNAIRE AND REPRESENTATION STATEMENT

1. Name of Firm: _____
2. Address of Principal Office:
Street: _____
City: _____ State: _____ Zip Code: _____ County: _____
Telephone Number: _____ Facsimile: _____
E-mail Address: _____ Contact Person: _____
3. Date Firm was founded: _____
4. List the firm's gross receipts for the past 24 months: _____ Last 12 _____ Prior 12
5. Please complete the Breakdown of Practice section below to reflect the percentage of Total Gross Billings derived from all areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Arbitration/Mediation	%	Commercial Litigation—Plaintiff ^[1]	%
Administrative Law	%	Entertainment/Sports ^[1]	%
Admiralty/Maritime	%	Environmental ^[1]	%
Bankruptcy	%	Estate, Trust, Probate, and Wills ^[1]	%
Collection/Repossessions	%	Intellectual Property Trademark Registration ^[3]	%
Commercial Litigation—Defense ^[1]	%	Intellectual Property Trademark Search ^[3]	%
Criminal Law	%	Labor—Labor Representation	%
Insurance Defense ^[1]	%	Mergers/Acquisitions	%
Juvenile/Guardianship	%	Oil, Gas or Mining ^[1]	%
Personal BI/PD Defense	%	Pension & Employee Benefits	%
Workers Compensation Defense	%	Personal BI/PD Plaintiff ^[1]	%
Total	%	Real Estate—Commercial	%
		Real Estate—Residential ^[1]	%
Anti-Trust/Trade Regulation	%	Real Estate—Land Use/Zoning ^[1]	%
Civil rights/Discrimination	%	Real Estate—Title Examination ^[1]	%
Commercial Transactions	%	Tax—Opinions	%
Corporation Formation/Alteration	%	Worker's Compensation—Plaintiff	%
Domestic Relations		Total	%
Assets under \$1,000,000	%		%
Assets \$1,000,000 to \$5,000,000	%	Banking/Financial Institutions ^[1]	
Assets more than \$5,000,000	%	Other Intellectual Property Services ^[3]	%

Immigration and Naturalization	%	Patent/Copyright/Trademark Licensing ^[3]	%
Intellectual Property Litigation ^[3]	%	Securities ^[1]	%
International/Foreign Law ^[2]	%	Private Placements	
Labor—Management Representation	%	Public	%
Government/Municipal (Not bonds)	%	Real Estate—Loan Modification	%
Tax—Preparation of Returns	%	Real Estate—HOA/COA Representation	%
Total	%	Total	%
			%
		Patent Prosecution—Domestic or Foreign ^[3]	%
		Patent Searches—Domestic or Foreign ^[3]	%
		Intellectual Property Counseling ^[3]	%
		Intellectual Property Infringement/Opinions ^[3]	%
Other (explain) ^[2] :		Class Action/Mass Tort Law	%
Total	%	Total	%
		Total of all areas of practice must equal	100%

^[1] Corresponding Supplement must be completed.

^[2] Describe: _____.

^[3] Request alternative application.

6. In the last two years, how many suits have **you** filed against clients for recovery of **your** fees? _____

7. How many of these suits have been resolved? _____

8. In the past five years were any of the following services provided by **you**:

a. for or on behalf of any Financial Institution? Yes No

b. for or in connection with any IPO, Bond or Securities related transaction? Yes No

c. for any Entertainment/Sports client or in relation to the Entertainment/Sports industry? Yes No

d. that could be considered Intellectual Property work (includes patent/copyright/trademark/trade secrets, etc.)? Yes No

e. that could be considered Insurance Defense work? Yes No

f. that could be considered Class Action/Mass Tort representation (includes serving as co-counsel)?.. Yes No

If you answered yes to any of the above, please complete the appropriate Supplement.

Claims History

9. Have any of **you** ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? Yes No

If yes, please provide details on a separate addendum.

How many? _____

10. Have any of **you** had a disciplinary complaint made to any court, administrative agency or regulatory body in the past five years? Yes No

If yes, please complete a Claim Supplement for each disciplinary complaint.

How many? _____

11. Has any professional liability claim or suit been made against any of **you** or any previous member of **your** current firm or predecessor firm within the last five years? Yes No

If yes, please complete a Claim Supplement for each claim/incident.

How many? _____

12. Are **you** aware of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? Yes No

If yes, please complete a Claim Supplement for each incident.

13. Have all of the matters indicated above been reported to **your** appropriate professional liability carrier(s)? Yes No
If no, please explain on a separate addendum.

Insurance History

14. Have any of **your** professional liability insurance policies been canceled or non-renewed during the last five years? (not applicable to Missouri Applicants) Yes No
If yes, please explain on a separate addendum.

****Please attach a copy of the Declarations Page and all applicable Endorsements from your current policy****

This document acknowledges receipt of **your** request to bind lawyers professional liability insurance with Freedom Specialty Insurance Company. **Your** firm's request for coverage was provided by **your** agent to Freedom Specialty Insurance Company.

In lieu of requesting the applicant to complete a full Freedom Specialty Insurance Company application, we will use the submitted application in reviewing your file.

Representations and Signature

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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 LOUISIANA 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to **us**.

The program manager is authorized to make any inquiry in connection with this application. The program manager's acceptance of this application or the making of any subsequent inquiry does not bind **us** to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify **us** and **we** may modify or withdraw any quotation or agreement to bind insurance.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

Signature of Applicant* _____
Date

Print Name _____
Title (must be signed by managing partner or managing executive of Firm)

*SIGNING THIS FORM DOES NOT BIND **YOU** OR **US** TO COMPLETE THE INSURANCE.

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)