BRIDGE APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE APPLICANT AND FIRST REPORTED TO HANOVER INSURANCE COMPANY OR ITS AUTHORIZED AGENTS DURING THE POLICY PERIOD.

In lieu of requiring the firm to complete the Hanover’s full application, the Company is willing to accept the below-referenced application subject to the following:

a. The firm agrees that the Company may use the information contained in the application to underwrite your account;

b. The Company may rely upon the truth and accuracy of the representations contained in the application;

c. The application, along with this supplemental bridge application, will be deemed attached to and incorporated into any policy the Company may issue to the firm.

1. Firm Name: ____________________________________________

2. Description of Application: ________________________________

   (Name of Carrier/Professional Liability Program)

3. Date Applications signed: _________________________________

4. Current Carrier: _________________________________________

5. Current policy expiration date: ______________________________

6. Does your current policy have a prior acts limitation or retroactive date applicable to the firm
   or any individual lawyer? □ Yes □ No
   If Yes, please indicate date: __________________________ or □ FPA (Full Prior Acts) / None
   Applies to □ Firm □ Individual lawyer(s)

Please provide a copy of your current policy declarations including any endorsement showing your retroactive date(s) as evidence of your firm’s continuous coverage.

7. Has the firm or any predecessor purchased an Extended Reporting Period under any Lawyers Professional Liability insurance policy? □ Yes □ No
   If yes, please provide details: ______________________________

8. Insurance History (beginning with your most recent coverage)

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<tr>
<th>Policy term</th>
<th>Carrier</th>
<th>Limit</th>
<th>Deductible</th>
<th>Premium</th>
<th># of Lawyers</th>
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9. *(Question Not Applicable In Missouri)* Within the last five years, has any similar insurance for the firm, its predecessors or any lawyer included in this application ever been declined, non-renewed or canceled?

   □ Yes □ No

   *Question Not Applicable in Missouri

   If yes, please provide details: ______________________________
10. Within the past ten years, has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings? □ Yes □ No
   □ Currently pending investigations/proceedings □ Reprimand or Censure
   □ Suspension □ Imposition of a fine
   □ Been refused admission to the bar or any bar association, court or administrative agency

   If “yes,” provide copies of the complaint, all correspondence with the disciplinary body, and any final orders.

11. Is any member of the firm aware of any incident, fact, circumstance, act or omission that could result in a professional liability claim against the firm, any predecessor firm or any member of the firm? □ Yes □ No
   If yes, how many? _______ Name(s) of claimants: ________________________________

   A complete Claim Supplement form must be provided for each.

12. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm? □ Yes □ No
   If yes, how many? _______ Name(s) of claimants: ________________________________

   A complete Claim Supplement form must be provided for each.

DECLARATIONS AND NOTICE

NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any lawyer listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance policy provided by us. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant’s Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;

- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the policy;

- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and

- The signing of this Application does not bind the undersigned to purchase insurance.
This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Signature of Owner, Proprietor, Officer or Partner

________________________________________________________________________

Print or type name and title

________________________________________________________________________

Firm Name (if applicable)

________________________________________________________________________

Mailing Address of Firm

________________________________________________________________________

Current Date

RETURN YOUR COMPLETED APPLICATION TO YOUR AGENT.

Produced By: Agent: _____ Agency: _____
Agent Signature: ___________________________________________
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
Address (Street, City, State, Zip): _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.
NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 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 provide 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: 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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. Insurance fraud.

NOTICE TO IDAHO AND 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 KENTUCKY 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.

NOTICE TO MAINE, 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and 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 MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.