

# Westport Insurance Corporation

## LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR FIRMS WITH 1-5 ATTORNEYS CLAIMS-MADE AND REPORTED BASIS

Coverage underwritten by Westport Insurance Corporation, a member of the Swiss Re Group.

If space is insufficient to answer all questions fully, use separate sheets of paper. Please complete all Supplements as noted by an asterisk.

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Firm's Website Address: \_\_\_\_\_

**Current Coverage:**

Expiration Date: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_  
 Current Limits: \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_  
 Date Firm Established: \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_

**Provide a copy of your firm's declarations page and all optional endorsements on your current policy.**

**Personnel** – List all Lawyers. (Include yourself if you are a sole proprietor).

Lawyer's Name	Position <sup>1</sup>	Date of Hire	Date First Admitted	States Admitted	CLE Hours Completed Past 12 Months	Loss Control Seminar Date Completed	Retroactive (Prior Acts) Coverage <sup>2</sup>

<sup>1</sup> S = sole proprietor; P = Partner; O = Officer / Director / Shareholder; E = Employed Lawyer; OC = Of Counsel; IC = Independent Contractor

<sup>2</sup> A = on behalf of applicant firm; B = On behalf of applicant firm and prior firm(s); C = after individual retro date (please fill in retro date).

**For each OC and IC**, indicate average hours worked per week for the applicant firm and if the attorney has separate malpractice coverage.

Provide the percentage of gross revenue. **(Must total 100%)** An asterisk (\*) indicates a supplemental form is required if a percentage is indicated.

(\* = Supplemental AOP questions for Lawyers; \*\* = Intellectual Property Supplement; \*\*\* = Securities Supplement)

Administrative Law	%	Family Law	%	Natural Resources / Title and Title Opinions	%
Admiralty	%	Financial Institution*	%	Natural Resources / All Other Services	%
Antitrust / Trade	%	Financial Planning	%	Pension and Employee Benefits	%
Civil Rights / Discrimination	%	Government Contracts / Relations	%	Personal Injury and Negligence – Defense	%
Collection / Bankruptcy*	%	Healthcare	%	Personal Injury and Negligence – Plaintiff*	%
Commercial and Business Litigation – Defense	%	Immigration and Naturalization	%	Plaintiff – Class Action*	%
Commercial and Business Litigation – Plaintiff *	%	Insurance, Excluding Coverage Opinions	%	Plaintiff – Mass Tort*	%
Construction Law	%	Insurance, Coverage Opinions	%	Real Estate / Title Agent – Residential*	%
Consumer Law	%	Intellectual Property – Patent / Trademark**	%	Real Estate / Title Agent – Commercial*	%
Corporate and Business Transactions*	%	Intellectual Property – Copyright**	%	Securities Law (including bonds, private placements, exempt transactions, and limited partnerships)***	%
Criminal	%	International Law	%	Taxation – Opinions	%
Employment Law – Defense	%	Labor Management Representation	%	Taxation – Other	%
Employment Law – Plaintiff*	%	Labor Management Labor Representation*	%	Workers Compensation – Defense	%
Entertainment / Sports*	%	Lobbying	%	Workers Compensation – Plaintiff*	%
Environmental Law	%	Mediation / Arbitration	%	Other: _____	%
Estate / Probate / Trust*	%	Mergers and Acquisitions*	%	<b>Total must equal 100%</b>	%

#### Firm Information

- Do you have a staff person whose full time duties are those of a legal administrator dedicated to the management of the firm? (This person does not act as a legal secretary, paralegal or other staff position.) .....  Yes  No
- Does any firm attorney or spouse / domestic partner of any attorney serve in any managerial capacity or hold any equity interest in a for-profit entity? .....  Yes  No  
If 'yes', please complete the **Outside Interest Supplement**.
- Do you have a wholly-owned title agency or mediation / arbitration firm that you would like us to consider for coverage? .....  Yes  No  
If 'yes', please complete the **Outside Interest Supplement**.
- Do you share office space, letterhead or website with any other firm? .....  Yes  No  
If 'yes', is that firm uninsured or is their professional liability insurance status unknown to you? .....  Yes  No
- Does the firm have any clients that generate 25% or more of the firm's gross revenue? .....  Yes  No  
If 'yes', identify client, nature of client's business, professional services rendered and the percentage of billings on a separate sheet of paper.
- Please indicate gross income for your immediate past fiscal year: \_\_\_\_\_
- Does the applicant firm render any professional services to entertainers, sports figures or other public figures? .....  Yes  No  
If 'yes', please complete the **Entertainment/Sports AOP supplement**.
- Has the firm been involved in any mass tort/class action or multi-district litigation cases within the past five years, whether as the plaintiff or defense counsel? .....  Yes  No  
If 'yes', please provide details on a separate sheet of paper, including case description, applicant's duties, class size, case value and current status.

9. Does the Applicant make recommendations on the sale or purchase of any specific stocks, bonds or other securities-related investments other than when acting as a trustee within the bounds of the trust agreement? .....  Yes  No
10. Has the firm or any member of the firm had professional liability insurance non-renewed, declined or canceled other than the carrier's exiting this line of business or changing broker partners? .....  Yes  No  
If 'yes', please furnish details on firm letterhead. **Note: MO applicants are not required to respond.**
11. Has any attorney ever had disciplinary actions against them or is there a pending complaint against any attorney? .....  Yes  No  
If 'yes', please furnish details on firm letterhead.
12. During the past 5 years, has any claim been made against the firm or any attorney and/or are you aware of any potential claims? .....  Yes  No  
If 'yes', complete a **Claim Supplement** for each matter.
13. Does the firm have more than four non-lawyer personnel (including but not limited to law clerks, paralegals and administrative assistants) for every lawyer practicing with the applicant firm? .....  Yes  No  
If 'yes', please provide details on a separate page.
14. How many suits to collect unpaid fees were initiated by the firm against clients in the past 12 months? .....
15. How many independent docket / calendar controls are utilized? .....  
Do you have a computerized case management system designed for law firm that requires dual entry? .....  Yes  No
16. Engagement/Retainer letters for all new clients? .....  Yes  No  
Engagement letters for new matters for existing clients? .....  Yes  No  
Non-engagement letters? .....  Yes  No  
Disengagement letters? .....  Yes  No
17. Conflict of interest:  Computer  Index File  Conflict Committee  Memory Only
18. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved? .....  Yes  No  
 Firm does not take engagements where a conflict exists.
19. Limits requested: \_\_\_\_\_ Deductible requested: \_\_\_\_\_

If you have completed an application for another carrier, please attach a copy of that application.

**Supplemental forms and additional information may be needed to bind coverage.**

**Please provide a copy of your letterhead.**

**Notice to Applicant – Please Read Carefully**

I hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

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, and agrees that this application shall become the basis of any coverage that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

**For your protection, the following Fraud Warnings are required to appear on this application.**

The following Fraud Warning applies to **Alabama**: 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."

