

Westport Insurance Corporation

LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION CLAIMS-MADE AND REPORTED BASIS

Please read carefully all statements and questions on this application and answer all questions in ink. If space is insufficient to answer all questions fully, use separate sheets of paper. Application and all attachments must be signed and dated by named applicant, partner, officer or owner. Please attach a copy of your current letterhead. Complete and attach the Individual Lawyers Supplement and all other required supplements.

1. A. Name of Applicant (include D/B/As): _____

B. Has the name of the firm changed in the last three years? Yes No

Please list all predecessor firms below. (If needed please continue on a separate sheet of paper.)

Firm Name	Date Established	Date Dissolved	ERP Purchased
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Applicant is:

- Sole Proprietor (Full Time)
- Sole Proprietor (Part Time – less than 25 hours / week)
- Partnership (DO NOT INCLUDE LLP)
- Professional Corporation (DO NOT INCLUDE LLC)
- LLC / LLP
- Professional Association (all members applying for insurance)
- Professional Association (all members **NOT** applying for insurance)
- Other (please specify): _____

3. Name of an owner, officer, partner or firm administrator designated as the contact person: _____

4. Main Address Location: Street: _____

Address Line 2: _____

City: _____

County: _____ State: _____ Zip: _____

If you have additional locations, please continue on a separate sheet of paper.

Check here if the additional location is not staffed. If separate letterhead is used for any additional location, please provide a copy.

5. Telephone No.: _____

6. Facsimile No.: _____

7. E-Mail Address: _____

8. Website Address: _____ No Website

9. Do you operate as a virtual law office? A virtual law practice operates online through a secure portal and is accessible to both the client and the lawyer anywhere the parties may access the internet. Yes No

If 'yes', please provide a brief narrative of such services including: states in which clients are located; client selection procedures; and the percent of your total practice conducted as a virtual law office.

10. 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

A. If 'yes', is that legal administrator a member of a national organization for legal administrators, whose objective and function is to improve the quality of management in legal service organizations? Yes No

Name of Professional Organization(s): _____

B. If 'yes', does the legal administrator hold a professional certification designation from a national professional organization for legal administrators? Yes No

List professional designation(s): _____

11. Does the firm or any lawyer proposed for this insurance:

A. Act as an employee of any organization other than the applicant law firm? Yes No

B. Does the firm or any lawyer proposed for this insurance or their spouse/domestic partner act as a director, officer, partner or trustee or exercise any form of managerial or fiduciary control over any for-profit business enterprise other than the applicant law firm? Yes No

C. Does the firm or any lawyer proposed for this insurance or their spouse/domestic partner own, manage, have financial control over or equity interest in any for-profit business other than the applicant law firm? Yes No

If any 'yes' response, please complete the Outside Interest Supplement.

12. A. Does applicant law firm have any wholly-owned entities? Yes No

If 'yes', please complete the Outside Interest Supplement. Include any wholly-owned title agency or mediation / arbitration entity, whether coverage is requested for that entity or not.

B. **If yes**, are there any wholly owned entities you would like us to consider for coverage? Yes No

Mediation / Arbitration: _____

Title Agency: _____

Other (please specify, including services rendered): _____

No coverage desired.

13. A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? Yes No

B. If 'yes', what is the average weekly number of hours spent at applicant law firm? _____

If Applicant works full time for any other entity, please provide details on a separate page and complete the Outside Interest Supplement.

14. Date Firm Established: ____ / ____ / ____

15. Limits Desired: \$ _____ Deductible Desired: \$ _____

16. Does the firm outsource any legal services? Yes No

If 'yes', please provide details, including name of outsource entity and services rendered: _____

17. Does the applicant law firm share any of the following with any attorneys or other professionals:

A. Office space? Yes No

B. Letterhead? Yes No

If 'yes', please provide a copy.

C. Website? Yes No

If 'yes', please provide web address: _____

If 'yes' to A, B or C, are the other attorneys uninsured or is their professional liability insurance status unknown to you? Yes No

Share with non-attorney professional.

18. Please provide percentage of gross revenue. An asterisk (*) indicates that a supplemental application is required if a percentage is indicated (* = Supplemental AOP Questions for Lawyers; ** = Intellectual Property Supplement; *** = Securities Supplement). Please round to the nearest 1/10 percent. e.g. (10.1%). It is not necessary to input any information or make any changes to the gray section.

Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year
Administrative Law, including Social Security Administration	%	%	Lobbying	%	%
Admiralty Law	%	%	Mediation / Arbitration	%	%
Antitrust/Trade	%	%	Mergers and Acquisitions *	%	%
Civil Rights and Discrimination - Defense	%	%	Natural Resources/Title and Title Opinions	%	%
Collection /Bankruptcy *	%	%	Natural Resources/All Other Services	%	%
Commercial and Business Litigation – Defense	%	%	Pension and Employee Benefits	%	%
Commercial and Business Litigation - Plaintiff *	%	%	Personal Injury and Negligence - Defense	%	%
Construction Law	%	%	Personal Injury and Negligence - Plaintiff *	%	%
Consumer Law	%	%	Plaintiff - Class Action *	%	%
Corporate and Business Transactions *	%	%	Plaintiff - Mass Tort *	%	%
Criminal, including Juvenile Court	%	%	<i>Real Estate - Residential * representing buyer / seller</i>		
Employment Law - Defense	%	%	Closings, representing buyer / seller	%	%
Employment Law - Plaintiff *	%	%	Title Agent	%	%
Entertainment/Sports other than Intellectual Property *	%	%	Foreclosure	%	%
Environmental Law	%	%	Other	%	%
Estate / Probate/Trust *	%	%	<i>Real Estate - Commercial * representing buyer / seller</i>		
Family Law, including guardian ad litem	%	%	Closings	%	%
Financial Institution, including loan closings *	%	%	Title Agent	%	%
Financial Planning/Investment Counseling	%	%	Foreclosure	%	%
Government Contracts/Relations, excluding bonds	%	%	Other	%	%
Health and Elder Care	%	%	Securities Law (including bonds, private placements, exempt transactions and limited partnerships) ***	%	%
Immigration and Naturalization	%	%	Taxation - Opinions	%	%
Insurance, excluding Coverage Opinions	%	%	Taxation - Other	%	%
Insurance Coverage Opinions	%	%	Workers Compensation - Defense	%	%
Intellectual Property – Patent/Trademark **	%	%	Workers Compensation - Plaintiff *	%	%
Intellectual Property - Copyright **	%	%	Other (describe): _____	%	%
International Law	%	%			
Labor - Management Representation	%	%			
Labor - Labor Representation *	%	%	TOTAL (must equal 100%)	100 %	100 %

19. During the past five years, has applicant law firm split from, acquired, merged with, or purchased any other firm or sold or lost a practice group to another firm? Yes No

If 'yes', please provide details on a separate page, including whether or not you divested / acquired of any of the following areas of practice: IP, SEC, commercial real estate, plaintiff.

20. Does applicant law firm provide any services other than legal, mediation/arbitration or title agent services? Yes No

If 'yes', please provide details of such services, including insurance coverage, on a separate page.

21. Does any one client represent more than 25% of the firm's gross billings for the past year? Yes No

If 'yes', please provide:

Client / Industry: _____

Percent of Income: _____ %

Services Rendered: _____

22. Please indicate gross income for the applicable fiscal year:

A.	Estimate for current fiscal year	/ /	\$
B.	Actual for immediate past fiscal year	/ /	\$

23. 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.

24. Has the firm been involved in any mass tort / class action or multi-district litigation cases within the past five years, whether as 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.

25. 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

26. In the past seven years, has any application for Lawyers Professional Liability Insurance on behalf of your firm, its predecessor firms or any lawyer proposed for this insurance been declined, cancelled or non-renewed for a reason other than the carrier's exiting this line of business or changing broker partners? Yes No

If 'yes', please provide details on a separate page.

Note: MO applicants are not required to respond.

27. A. In the past five years, has any decision been rendered against any lawyer proposed for this insurance for disbarment, suspension, reprimand, or other public or private disciplinary action? Yes No

If 'yes', please provide details on a separate page.

B. Is any disciplinary investigation or complaint pending against any lawyer proposed for this insurance? Yes No

If 'yes', please provide a copy of the complaint or notice of investigation, the attorney's response and all subsequent correspondence between the attorney and the disciplinary board.

28. After inquiry of all lawyers and non-lawyer employees, have any claims, suits, or demands been made during the past five years against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No

If 'yes', what is the total number of open and closed claims?

***You must complete a Claim Supplement for each claim, suit or demand.**

29. After inquiry of each lawyer and non-lawyer employee, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of any fact or circumstance, act, error, omission or personal injury which might be expected to be the basis of a claim or suit for lawyers or title agents professional liability? Yes No

If 'yes', what is the total number of these potential claims?

***You must complete a Claim Supplement for each potential claim.**

30. 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.

General Policies and Procedures

- 31. A. How many suits to collect unpaid fees were initiated against clients or former clients during the last year? _____
- B. If A. is > 0, are all potential suits for fees reviewed by a management committee or other independent body / attorney before they are filed? Yes No
- C. If A is > 0, does applicant law firm consider quality of representation and applicable statute of limitations before a fee suit is filed? Yes No
- D. If fee suits have been filed, what steps have been implemented to avoid filing future fee suits against clients?

If more than two, list the name of the client, services rendered, amount owed and status of each suit on a separate page.

- 32. A. How many independent docketing / calendar platforms are utilized? 0 1 2 3 4 or more
- B. Check here if one of these systems is a computerized program designed as a law firm docket / calendar, requiring dual entries.
- C. Does the ultimate responsibility for docket / calendar control rest with the lawyer? Yes No
- D. How often are the dockets / calendars cross checked? Daily Weekly Monthly
 Other (describe): _____

- 33. Does your firm utilize the following:
 - A. Engagement letters which include the scope of services and fee arrangements for all new clients? Yes No
 - B. Engagement letters for all new engagements for existing clients? Yes No
 - C. Non-engagement / declination letters in all instances except for phone inquiries? Yes No
 - D. Disengagement / closing letters for all engagements? Yes No
 - E. Written confirmation of changes in scope of engagement where applicable? Yes No

If the answer to any of these questions is 'no', please provide a detailed explanation on a separate page.

- 34. A. Which conflict of interest avoidance systems do you maintain? **Check all that apply.**
 None Computer Index File Conflict Committee Memory
- B. If an actual or potential conflict of interest exists, is it reviewed and disclosed to clients/potential clients in writing? Yes No
- C. If an actual or potential conflict of interest exists, does the firm require a conflict waiver signed and dated by the client? Yes No
- Firm does not take engagements where a conflict exists.

Insurance Information

- 35. Is applicant firm: Currently insured with Westport
 Not insured
 Currently insured with another insurance carrier.
Current Carrier: _____

Please provide the firm's insurance history for the past five years:

36. Insurance Company	Limit \$ (Per Claim / Agg)	Deductible \$	Premium	Policy Period	# of Lawyers Insured
				/ / / /	
				/ / / /	
				/ / / /	
				/ / / /	
				/ / / /	

- Expiring limit has:
- defense costs within the limit of liability
 - defense costs in addition to the limit of liability
 - specified limit for defense costs in addition to the limit of liability
- Expiring deductible applies:
- to loss and expense
 - to loss only
 - on annual aggregate basis

37. Firm Retroactive Date: ____ / ____ / ____

No retroactive date applies for the firm

38. Effective Date of previously-purchased Extended Reporting Period: ____ / ____ / ____ Not applicable

RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED THIS APPLICATION: Please review this application, along with all applicable supplements and attachments, and, after inquiring of all lawyer and non-lawyers in the applicant firm, supply us with updated information. **Failure to report a change could result in being underinsured or uninsured. Claims must be reported in accordance with policy conditions.**

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 Warning is required to appear on this application:

The following **Fraud Warning** applies to **Colorado**: 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 policyholder 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.

The following **Fraud Warning** applies to **Louisiana**: 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.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **Pennsylvania**: 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.

The following Fraud Warning applies in **Tennessee**: 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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

THIS APPLICATION MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER.

Please print name of partner, officer and/or owner signing application: _____

Signed: _____
Owner, Officer or Partner
Date

Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application and before policy inception.

IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY: By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: _____
Owner, Officer or Partner
Title
Date

Please remember to attach a copy of your letterhead.

Producer/Agency License #: _____ **Licensing State:** _____