

**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.

Firm Name: _____		Contact: _____	
Address: _____		City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____	E-Mail: _____	
Firm's Website Address: _____			
Current Coverage:			
Expiration Date _____		Current Carrier _____	
		Current Limits _____	
Deductible \$ _____		Date firm established _____	
		Prior Acts Date _____	
Provide a copy of your firm's declarations page and all optional endorsements on your current policy. Be sure to include retroactive dates for the firm and any individual attorney retroactive dates, if applicable.			

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

Lawyer's Name	Position ¹	Date of Hire	Date First Admitted	States Admitted	CLE hours completed past 12 months	Loss Control Seminar Date Completed	Retroactive (Prior Acts) Coverage ²

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

² 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 Of Counsel and Independent Contractor, indicate average hours worked per week for the applicant firm and if the attorney has separate malpractice coverage on a separate page.

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

Firm Information

1. 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.) Y / N _____
2. Do you share office space, letterhead or website with any other firm? Y / N _____ If yes, is that firm insured for professional malpractice? Y / N _____
3. Docket (Calendar) Control System: How many independent controls are kept? _____ Is it a computerized case management system? Y / N _____
4. Does the firm utilize the following: Engagement/Retainer letters for all new clients? Y / N _____ Engagement letters for existing clients? Y / N _____ Non-engagement letters? Y / N _____ Disengagement letters? Y / N _____
5. Does the firm maintain a conflict of interest avoidance system other than memory? Y / N _____ If no, explain by attachment.)
6. Is the firm's conflict of interest avoidance system computerized? Y / N _____
7. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved? Y / N _____ (If no, explain by attachment.)
8. Are business ventures permitted with clients of the firm? Y / N _____
9. Does any firm attorney serve in any official capacity or hold any equity interest in a client of the firm? ** Y / N _____
10. 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? Y / N _____ If yes, please provide details on a separate sheet of paper, including case description, applicant's duties, class size, case value and current status.
11. Does the applicant firm render any professional services to entertainers, sports figures or other public figures? Y/N _____ If yes, please complete the **Entertainment/Sports AOP supplement**.
12. 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? Y / N _____
13. How many suits to collect unpaid fees were initiated by the firm against their clients in the past 12 months? _____
14. Does the firm have any clients that generate 25% or more of the firm's gross revenue? Y / N _____ If yes, identify client, nature of client's business, professional services rendered and the percentage of billings on a separate sheet of paper.
15. Do you have any wholly-owned Title Agency or mediation / arbitration firm that you would like us to consider for coverage? Y / N _____
16. During the past 5 years, has any claim/suit been made against the firm or any attorney and/or are you aware of any potential claims? ** Y / N _____
17. Has any attorney ever had disciplinary actions against them or is there a pending complaint against any attorney? Y / N _____ If yes, please furnish details on firm letterhead.
18. 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? Y / N _____ If yes, please furnish details on firm letterhead.
19. Please indicate gross income for your current fiscal year: _____
20. Limits requested: _____ Deductible requested: _____
21. 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.

The following Fraud Warning applies: 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.

Signed: _____
Owner, Officer or Partner Title Date

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement 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 contact Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
at (866) 486-1946 if you have any questions. Fax the completed form to (515) 365-0681 or email the form to plsales.service@mercer.com