



Wesco Insurance Company
 800 Superior Ave, E.
 21st Floor
 Cleveland, OH 44114

LAWYERS PROFESSIONAL LIABILITY INSURANCE BRIDGE APPLICATION

Please Print or Type and complete all questions.

1. Legal Entity / Firm Name: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone No.: _____ Email Address: _____ Fax No.: _____

2. Please complete the following chart for the insurance company's application submitted for review:

Insurance Company:	Date Signed:
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3. In the past 5 years, please provide the number of professional liability claims / incidents made against the applicant or any predecessor firm or any past or present member of the firm or predecessor firm.

0 1 2 3 or more

Please complete a claim supplement for each claim / incident and provide current (within 60 days) loss runs.

4. Has the applicant or any predecessor firm or any past or present member of the applicant or predecessor firm been the subject of a disciplinary action, investigation, license suspension or fine as a result of professional services?

Yes No **(If Yes, please provide details on a separate page).**

5. Does the applicant or predecessor firm or any past or present member of the applicant or any predecessor firm have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes

No

If Yes have you reported to your current E&O carrier? Yes No

(If Yes, please provide details on a separate page).

6. Has the applicant ever had professional liability coverage declined, canceled or refused renewal?

Yes No

(If Yes, please provide details on a separate page)

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND AGENCY ACCEPT NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

THE APPLICANT:

1. Understands and agrees this Application and any and all supplements, attachments and replies to underwriter inquiries are made a part of and incorporated into any policy issued, and any such policy will be issued in reliance upon the representation(s) made herein. Applicant further understands and agrees that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued;
2. Authorizes and consents to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of Applicant's business including authorization to every person or entity, public or private, to release to the Company providing insurance coverage any documents, records or other information bearing upon the foregoing; and
3. Understands and agrees these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

THE APPLICANT AND FIRM ACCEPT NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER OR MEMBER OF THE APPLICANT.

Date

Signature

Printed Name Signature

Title of Person Signing the Application

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

FRAUD WARNING

Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.