



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

**SMALL FIRM NEW BUSINESS
APPLICATION FOR LAWYERS PROFESSIONAL
LIABILITY INSURANCE (1 – 5 Lawyers)
(Claims Made and Reported Policy)**

Administered by:
<Insert Managing Agency name here>
<Insert Managing Agency address here>
<Insert Managing Agency address here>

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN FACTS OR CIRCUMSTANCES THAT COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Firm:		Date Firm Established:
Contact:		
Address :		
County:	Phone:	Fax: Email:
No. Lawyers in Firm:	No. Support Staff:	
Do you have other office locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?		Please provide a list showing each location and the number of attorneys at each location
1.	Requested Effective Date:	Retroactive Date Requested:
2.	Is the firm currently insured for professional liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:
	a. Current Limits:	b. Limits desired this year:
	c. Current Deductible:	d. Deductibles desired this year:
	e. Current Premium:	f. Optional coverages you are requesting:
	First Dollar Defense: <input type="checkbox"/>	Aggregate Deductible: <input type="checkbox"/> Claim Expense Outside Limits: <input type="checkbox"/>
3.	Has any professional liability insurance for the applicant, or any member of the applicant firm, ever been declined, cancelled, refused to be renewed, or accepted only on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a. In the last five years, has any member of the firm been an officer, director, shareholder, member or exercised fiduciary control over an entity other than the applicant firm? If yes, please complete an Outside Interest Supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does any firm member have an equity interest in an outside entity? If yes, please complete an Outside Interest Supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is any firm member an employee of an outside entity? If yes, please explain on firm letterhead.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Does any client or group of related clients make up more than 10% of firm billings? If yes, please list all such clients and the percentage of the firm's gross receipts in the space provided below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has any member of the firm been involved in class action or mass tort litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does any firm member provide services to, or sit on the board of directors of, a financial institution? If yes, please complete Financial Institution Supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is any member of the firm aware of any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm? If yes, a complete Supplemental Claim form must be provided for each incident. # attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any member of the firm been the subject of any reprimand or disciplinary action or refused admission to the bar or any bar association, court or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	a. In the last 5 years, has any professional liability claim been made or suit brought against any member of the firm or predecessor firm? If yes, how many? b. Has any firm member ever had a claim? A complete Claim Supplement form must be provided for each claim or suit within the past five (5) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Please complete the Firm Profile below for each attorney associated with your firm.	

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted	States Admitted	Ave. Hours/ Week	Areas of Practice

P = Partner/Owner/Member A = Associate/Employee OC = Of Counsel I = Independent Contractor

12.	Total firm revenues last fiscal year:	Current fiscal year revenues:
13.	a. In the last 12 months, how many attorneys have left your firm?	
	b. In the last 12 months, how many attorneys joined your firm? NOTE: If you have not already done so, please complete a Mid Term New Lawyer Supplement for each new attorney.	
	c. Are all cases brought in by new attorneys from prior firms reviewed for potential conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	d. How many attorneys does the firm plan to add during the next 12 months?	
	e. In the last 12 months, how many non-lawyer employees have left your firm?	
	f. In the last 12 months, how many non-lawyer employees have joined your firm?	
14.	Have any suits for fees have been filed against clients in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Fee Suits Supplement.	
15.	a. Does the firm maintain a docket control system with at least two independent date controls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. Is the docket control system maintained by two individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. If docket system is computerized, name of software used:	
16.	Does the firm have a system for detecting and avoiding conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Does the firm routinely use engagement and non-engagement letters? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Do you share office space with other attorneys? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Office Sharing supplement.	
19.	Do you share any of the following with other attorneys? Office space* <input type="checkbox"/> Letterhead <input type="checkbox"/> Cases <input type="checkbox"/> If yes, please list all such lawyers on firm letterhead and describe their relationship to the firm.	
20.	If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? (Please Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney noted below): Name of backup attorney:	

FIRM AREAS OF PRACTICE (% of Revenues)

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Admiralty (AM)		Entertainment/Agency*(EN)		Natural Resources/Oil & Gas (NR)	
Antitrust (AT)		Environmental* (ER)		Plaintiff Personal Injury* (PI)	
Appellate (AP)		Estate / Planning* (ES)		Plaintiff Medical Malpractice* (PI)	
Arbitration/Mediation (ADR)		Estate / Trust Admin* (ES)		Plaintiff Legal Malpractice* (PI)	
Bankruptcy* (BC)		Family Law / Divorce (FL)		Plaintiff Products Liability* (PI)	
Business Formation/M&A *(CF)		Family Law / Adoption (FL)		Plaintiff Class Action* (PI)	
Business Transactions *(CF)		General Civil Litigation(GL)		Real Estate* (RE)	
Civil Rights/Discrimination (CR)		Immigration (IM)		Securities* (SE)	
Collections* (CB)		Health Care (HC)		Tax, Tax Opinions (TX)	
Commercial Litigation (GL)		Insurance Defense (ID)		Workers Comp / Soc Sec ((WC/SS)	
Construction Law (CL)		Intellectual Property* (IP)		Other/ Describe:	
Criminal Defense (CD)		Labor / Employment (LE)		Other/ Describe:	
Employee Benefits (EB)		Municipal Law (ML)		TOTAL MUST EQUAL:	100%

* Completion of corresponding supplement is required

(1) Estate/Trust/Probate. In the last 24 months, please indicate the following:	
Average asset value of estates handled:	Highest asset value of estates handled:
Is any firm member a trustee of any client estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete an Outside Interest Supplement
(2) Family Law. In the last 24 months, please indicate the following:	
Average value of property settlement handled:	Highest value of property settlement handled:
Does any firm member provide any of the following services?	
<input type="checkbox"/> Surrogacy contracts <input type="checkbox"/> Ovum or sperm donation contracts <input type="checkbox"/> Embryo donation agreements	

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

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 policyholder 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.

DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

APPLICANT'S AUTHORIZATION AND CERTIFICATION

The undersigned is an authorized representative of the prospective Named Insured, and acknowledges that the information provided with the application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to the Company and made a part of this application:

1. Will be relied upon by the Company in determining the acceptability of the Applicant and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be incorporated into the policy, if issued.

The applicant firm and all members of the firm understand that this is an application for insurance, and shall not bind the Company to the issuance of insurance, nor shall it bind the firm to the acceptance of a policy.

THE UNDERSIGNED ON BEHALF OF THE APPLICANT FIRM AND ALL MEMBERS OF THE FIRM CERTIFIES THAT THE ABOVE APPLICATION HAS BEEN READ AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. THE UNDERSIGNED UNDERSTANDS THAT: (1) IF THE POLICY IS ISSUED, THIS IS DONE BY THE COMPANY IN RELIANCE UPON THESE REPRESENTATIONS; AND (2) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.

Signature of Officer or Partner of Firm	Title	Date	
Print Name			
Agency:		Phone:	
Address:		Fax:	