

 <p>Wesco Insurance Company 800 Superior Ave, E. 21st Floor Cleveland, OH 44114</p>	<p>LONG RENEWAL APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE (Claims Made and Reported Policy)</p>	<p style="text-align: right;">Administered by <Insert Managing Agency name here> <Insert Managing Agency address here> <Insert Managing Agency address here></p>
<p>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.</p>		
Full Name of Applicant Firm:	Contact:	
Address 1:	Renewal Effective Date:	
Address 2:	City:	State:
County:	Phone:	Zip Code: Fax:
E-mail:	Date Firm Established:	
No. Lawyers in Firm:	No. Support Staff:	
<p>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</p>		
1.	<p>Do you share any of the following with other attorneys or law firms? Office Space: <input type="checkbox"/> Yes <input type="checkbox"/> No Letterhead: <input type="checkbox"/> Yes <input type="checkbox"/> No Cases: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all such lawyers on firm letterhead and describe their relationship to the firm. If the firm shares office space, a complete Office Sharing Supplement must be provided.</p>	
2.	<p>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. How many attorneys does the firm plan to add during the next 12 months? d. In the last 12 months, how many non-lawyer employees have left your firm? e. In the last 12 months, how many non-lawyer employees have joined your firm?</p>	
3.	<p>Does any client or group of related clients make up 10% or more of the firm's gross receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all clients and the percentage of the firm's gross receipts on a separate attachment.</p>	
4.	<p>Does your firm use any attorneys not listed on this application to provide legal services for the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all such lawyers and describe their relationship to the firm on a separate attachment.</p>	
5.	<p>Is any lawyer listed on the application an officer, director, shareholder, member or exercise fiduciary control over an entity other than the applicant firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a complete Outside Interest Supplement must be provided.</p>	
6.	<p>Is any lawyer listed on the application an employee of an entity other than the applicant firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in a separate attachment.</p>	
7.	<p>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 If yes, please explain in a separate attachment.</p>	
8.	<p>Has any member of the firm been involved in class action or mass tort litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in a separate attachment.</p>	
9.	<p>Does any member of the firm provide services to, or sit on the board of directors of, a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a complete Financial Institution Supplement must be provided.</p>	
10.	<p>a) In the last 12 months, has any firm member become aware of any incident, facts, circumstances, acts or omissions that might result in a professional liability claim against the firm or predecessor firm or against any current or former firm member while affiliated with the firm or predecessor firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has this been reported to the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No b) In the last 12 months, has there been any change in status of a claim or incident reported to a prior carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a complete Claim Supplement form must be provided for each claim or incident. Provide currently dated loss runs.</p>	
11.	<p>In the last 12 months, 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 If yes, explain in detail in a separate attachment. Provide a copy of the complaining document and decision.</p>	
12.	<p>In the last 12 months, has any professional liability claim been made or suit brought against the firm or predecessor firm or any member of the firm or predecessor firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has this been reported to the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No A complete Claim Supplement must be provided for each claim or incident.</p>	

13.	Complete the following table based upon either your gross revenue or billable hours for each category. The total must equal 100%				
	This Practice Profile is based on <input type="checkbox"/> gross revenue or <input type="checkbox"/> billable hours.				
	PRACTICE PROFILE				
	Area of Practice	Percentage	Area of Practice	Percentage	
	Admiralty (AM)	Plaintiff %:	General Practice (GP)	%	
		Defense %:			
		Other %:			
	Antitrust (AT)	Plaintiff %:	Health Care (HC)	Plaintiff %:	
		Defense %:		Defense %:	
		Other %:		Other %:	
	Appellate (AP)	Plaintiff %:	Immigration & Naturalization (IM)	%:	
		Defense %:		Insurance Defense (ID)	Coverage%:
		Other %:			Defense %:
	Arbitration, Mediation (ADR)	%:		Other %:	
	Aviation	Plaintiff %:	Intellectual Property * (IP)	Patent %:	
		Defense %:		Trademark %:	
		Other %:		Litigation%:	
	Bankruptcy * (BC)	Debtor%:	International Law (IL)	Litigation %:	
		Trustee%:		Transaction %:	
	Business Formation & Alteration, Merger/Acquisition * (CF)	Form/Alt %:	Labor & Employment (LE)	Other %:	
		Merge/Ac%:		Management %:	
		Other %:		Union/Labor%:	
	Business Transactions - Corporate & Commercial * (CF)	Public Corp %:	Municipal Law (ML)	Other %:	
		Private %:		Defense %:	
		Other %:		Financial Advice:	
	Civil Rights/Discrimination (CR)	Plaintiff %:	Natural Resources, Oil & Gas (NR)	Other %:	
		Defense %:		Plaintiff %:	
		Other %:		Defense %:	
	Collections/Repossession/Foreclosure * (CB)	Creditor %:		Other %:	
	Commercial Litigation (GL)	Debtor %:	Personal Injury Legal Malpractice* (PI)	Plaintiff %:	
		Plaintiff %:		Defense %:	
		Defense %:		Other %:	
	Communications/FCC	Other %:	Personal Injury Medical Malpractice* (PI)	Plaintiff %:	
		Litigation %:		Defense %:	
		Transaction %:		Other %:	
	Construction Law (CL)	Other %:	Personal Injury Mass Tort, Class Action * (PI)	Plaintiff %:	
		Plaintiff %:		Defense %:	
		Defense%:		Other %:	
	Consumer Claims (CC)	Transaction %:	Personal Injury Products Liability* (PI)	Plaintiff %:	
		Plaintiff %:		Defense %:	
		Defense %:		Other %:	
		Other %:	Personal Injury * (PI)	Plaintiff%:	
	Criminal Defense (CD)	%:		Defense %:	
	Employee Benefits (EB)	%:		Other %:	
	Defense Litigation (DL)	%:	Real Estate * (RE)	Commercial %:	
	Entertainment/Agency/ /Sports Agency *(EN)	Management %:		Residential%:	
	Other %:	Title%:			
	Environmental * (ER)	Plaintiff %:		Escrow%:	
		Defense %:		Synd./Dev. %:	
		Other %:	Securities * (SE)	Public Offering%:	
	Estate, Probate, Trust * (ES) (1)	Est. Planning %:		Corp. Bonds %:	
	Trust Admin. %:	Other %:		Private Placemnt:	
	Family Law (FL) (2)	Other %:	Taxation, Tax Opinions* (TX)	Other %:	
		Adoption %:		Personal %:	
		Divorce %:		Corporate %:	
		Other %:		Other %:	
	Financial Institutions * (FI)	%:	Workers Compensation/Social Security (WC)	Plaintiff %:	
	General Civil Litigation (GL)	Plaintiff %:		Defense %:	
		Defense %:		Other %:	
		Other %:	Other (OT) (Describe):	%:	

* Indicates that completion of the corresponding Supplement is required.

21.	If the firm uses a computerized system to manage its docket and scheduling demands, please indicate below which of the following describes that system:		Name of software:		
	<input type="checkbox"/> Updated daily	<input type="checkbox"/> Centralized/Firm-wide	<input type="checkbox"/> All branch offices integrated	<input type="checkbox"/> Monitored by multiple individuals	
		<input type="checkbox"/> Tracks statutes of limitations	<input type="checkbox"/> Data backed up/stored offsite	<input type="checkbox"/> Other: Describe:	
22.	Does the firm routinely use:				
	Engagement Letters/Fee Agreements:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Declination of Representation Letters:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Termination of Services Letters:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Regular File Status Updates:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	How many suits for fees have been filed against clients in the last two years?				
24.	Describe the firm's risk management activities:				
	a. Does the firm have a formal procedures manual?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Are all employees trained regarding firm policies and procedures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Are new attorneys supervised by a more senior attorney?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. Is support personnel work reviewed by an attorney prior to release to the client?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Are all new matters reviewed prior to acceptance by firm management?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f. Does firm management regularly review all ongoing matters?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

The following number of Supplemental Claim forms are enclosed with this application:

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Signature of Officer or Partner of Firm	Title	Date
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Print Name _____

AGENCY:		PHONE:
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ADDRESS:		FAX:
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