



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

**APPLICATION FOR LAWYERS
PROFESSIONAL LIABILITY
INSURANCE
(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.

Full Name of Applicant Firm: _____ Contact: _____

Address 1: _____

Address 2: _____ City: _____ State: _____ Zip Code: _____

County: _____ Phone: _____ Fax: _____

E-mail: _____ Date Firm Established: _____

No. Lawyers in Firm: _____ No. Support Staff: _____

Do you have other office locations? Yes No If yes, how many? _____ **Please provide a list showing each location and the number of attorneys at each location**

1. Requested Effective Date: _____

2. a. Current Limits: _____ b. Limits desired this year: _____

c. Current Deductible: _____ d. Deductibles desired this year: _____

e. Optional coverages you are requesting:

First Dollar Defense: Aggregate Deductible: Claim Expense Outside Limits:

f. Retroactive Date Requested: _____

3. a. Is the firm currently insured for professional liability? Yes No

Please provide a copy of your current policy declarations including retroactive date as evidence of current coverage.

b. Does your current policy have any type of endorsements that exclude or modify coverage? Yes No

If yes, please provide a copy of each such endorsement.

4. List the names of all predecessor firms of the applicant firm. **Name only those firms where the applicant is a majority successor to the predecessor firm's assets and liabilities.**

Name of Predecessor Firm	Date Established	Number of Lawyers

5. Do you share any of the following with other attorneys or law firms?

Office Space: Yes No Letterhead: Yes No Cases: Yes 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.

6. a. In the last 12 months, how many attorneys have left your firm? _____ b. Joined the firm? _____

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? _____

7. Has any professional liability insurance for the applicant, or any member of the applicant firm ever been Yes No declined or cancelled, refused to be renewed or accepted only on special terms?
If yes, please provide a detailed narrative in the space provided on page 2 or on firm letterhead.

8. Please identify your legal professional liability insurance for the past five years.

Company	Policy Period	Limits	Deductible	Premium	# of Attorneys

19.	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 %:	Health Care (HC)	Plaintiff %:
		Defense %:		Defense %:
		Other %:		Other %:
	Antitrust (AT)	Plaintiff %:	Insurance Defense (ID)	Coverage%:
		Defense %:		Defense %:
		Other %:		Other %:
	Appellate (AP)	Plaintiff %:	Intellectual Property * (IP)	Patent %:
		Defense %:		Trademark %:
		Other %:		Litigation%:
	Arbitration, Mediation (ADR)	%:	Labor & Employment (LE)	Management %:
	Bankruptcy * (BC)	Debtor%:		Union/Labor%:
		Trustee%:		Other %:
	Business Formation & Alteration, Merger/Acquisition * (CF)	Form/Alt %:	Municipal Law (ML)	Defense %:
		Merge/Ac%:		Financial Advice:
		Other %:		Other %:
	Business Transactions - Corporate & Commercial * (CF)	Public Corp %:	Natural Resources, Oil & Gas (NR)	Plaintiff %:
		Private %:		Defense %:
		Other %:		Other %:
	Civil Rights/Discrimination (CR)	Plaintiff %:	Personal Injury Legal Malpractice* (PI)	Plaintiff %:
		Defense %:		Defense %:
		Other %:		Other %:
	Collections * (CB)	Creditor %:	Personal Injury Medical Malpractice* (PI)	Plaintiff %:
		Debtor %:		Defense %:
	Commercial Litigation (GL)	Plaintiff %:	Personal Injury Mass Tort, Class Action * (PI)	Other %:
		Defense %:		Plaintiff %:
		Other %:		Defense %:
	Construction Law (CL)	Plaintiff %:	Personal Injury Products Liability* (PI)	Other %:
		Defense%:		Plaintiff %:
		Transaction %:		Defense %:
	Criminal Defense (CD)	%:	Personal Injury * (PI)	Other %:
	Employee Benefits (EB)	%:		Plaintiff%:
	Entertainment/Agency/ /Sports Agency *(EN)	Management %:		Defense %:
		Other %:	Other %:	
	Environmental * (ER)	Plaintiff %:	Real Estate * (RE)	Commercial %:
		Defense %:		Residential%:
		Other %:		Public Offering%:
	Estate, Probate, Trust * (ES) (1)	Est. Planning %:	Securities * (SE)	Corp. Bonds %:
		Trust Admin. %:		Private Placemt:
		Other %:		Other %:
	Family Law (FL) (2)	Adoption %:	Tax, Tax Opinions (TX)	Personal %:
		Divorce %:		Corporate %:
		Other %:		Other %:
	Financial Institutions * (FI)	%:	Workers Compensation/Social Security (WC)	Plaintiff %:
	General Civil Litigation (GL)	Plaintiff %:		Defense %:
		Defense %:		Other %:
	Immigration (IM)	Other %:	Other (OT) (Describe):	%:
		%:		%:

* Indicates that completion of the 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	

28.	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
29.	Have any suits for fees been filed against clients in the last five years? If yes, please complete the Fee Suits Supplement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	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. Are all cases brought in by new attorneys from prior firms reviewed by at least one senior partner or officer of the firm for potential conflicts of interest?	<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:

Signature of Officer or Partner of Firm	Title	Date
Print Name		
AGENCY:		PHONE:
ADDRESS:		FAX:



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

CLAIM SUPPLEMENT

1.	Full name of Applicant Firm:		
2.	Full name(s) of firm member(s) involved in claim:		
3.	Other defendants:		
4.	Name of potential/actual claimant(s):		
5.	Check whether: <input type="checkbox"/> Incident <input type="checkbox"/> Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Disciplinary Action		
6.	a. Date of alleged act, error, or omission:		
	b. Date reported to insurer:		
	c. Name of insurance carrier responding to this claim:		
7.	Present status of claim (check one and include any deductible amount in figures provided):		
	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	
	Total loss paid (including deductible):	\$	Claimant's settlement demand: \$
	Total expense paid (including deductible):	\$	Defendant's offer for settlement: \$
	<input type="checkbox"/> Court judgment	Insurer's claim reserve:	\$
	<input type="checkbox"/> Out-of-court settlement	Expense reserve:	\$
	<input type="checkbox"/> Dismissed	Expenses paid to date:	\$
	<input type="checkbox"/> Arbitration award	<input type="checkbox"/> Currently In Suit	<input type="checkbox"/> Incident/Report Only (No reserve established, no expenses to date)
8.	a. Alleged act or omission upon which claim or incident is based:		
	b. Description of events leading to claim or incident:		
	c. Current status:		
	d. What steps have been taken to prevent a similar loss in the future?		
	e. Does this claim or incident arise from an action to collect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes part of my application.

 Signature of Officer or Partner of Firm

 Title

 Date

 Print Name of Officer or Partner