

Westport Insurance Corporation

SUPPLEMENTAL QUESTIONS FOR LAWYERS

1. Please provide name of any wholly owned entities you would like us to consider for coverage.
- None
- Mediation / Arbitration:
- _____
Title Agency:
- _____
Other, **please specify**:
- _____
2. Do you have more than one location? **If yes, please provide the following for each location (other than the one identified as the main location in the Main Application).** Yes No
- Address Location: Street: _____
- Address Line 2: _____
- City: _____
- County: _____ State: _____ Zip: _____
3. Do you practice Part Time? Yes No
- A. If you are a Part-Time Sole Proprietor, what is the average weekly number of hours spent in private practice? _____
- B. If you are a Part-Time Sole Proprietor, what is the average weekly number of hours spent in primary employment? _____
4. A. If you are a member of a professional association, are all members of the professional association applying for coverage? N/A Yes No
- B. **If no to question 4A**, please provide the names of those members that are not applying for coverage.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
5. During the past five years, has the name of your firm changed? Yes No
- A. **If yes to question 5**, was Extended Reporting Period coverage purchased for the prior firm? Yes No
- B. **If yes to question 5A**, please provide the effective date of the Extended Reporting Period Endorsement. ___ / ___ / ___
- C. **If no to question 5A**, please provide the name of the prior law firm. _____

6. A. During the last five years, have you acquired, merged with, or purchased any other firm? Yes No

If yes to question 6A, did you purchase more than fifty percent of the financial assets and assume more than fifty percent of the liabilities? Yes No

If yes to question 6A, what area(s) of practice did they specialize in? **Check all that apply.**

Intellectual Property Securities Commercial Real Estate Plaintiff Other

B. During the last five years, have you sold or lost a group of lawyers or a practice group to another firm? Yes No

If yes to question 6B, what area(s) of practice did they specialize in? **Check all that apply.**

Intellectual Property Securities Commercial Real Estate Plaintiff Other

7. A. Does the applicant law firm share office space or letterhead? Yes No

B. If yes, do all lawyers have professional liability insurance? Yes No

8. A. Does any member of the applicant firm provide any other services to clients, other than mediation, arbitration, title insurance, or the rendering of legal services? Yes No

If yes, please indicate services rendered:

B. **If yes to question 8A**, do you carry professional liability coverage for the non-legal services? Yes No

9. Has any application for Lawyers Professional Liability Insurance on behalf of your firm, its predecessor firms or any lawyer proposed for this insurance been declined, cancelled, or nonrenewed for a reason other than the carrier is no longer writing this line of business? Yes No

If yes, please describe:

10. Has any action been taken against any lawyer proposed for this insurance for any of the following **[INCLUDE PENDING ACTION(S)]**: disbarment; suspension; reprimand; or other disciplinary action? Yes No

If yes, provide a copy of the action pending or taken by the disciplinary body.

11. A. After inquiry of all lawyers and employees, have any claims, suits, or demands been made during the past five years against the Applicant, its predecessor firms or any of the lawyers proposed for this insurance? Yes No

B. **If yes**, what is the total number of open and closed claims? _____

You must complete a claim supplement for each claim, suit or demand.

12. A. After inquiry of each lawyer, is the Applicant, its predecessor firms or any lawyer proposed for this insurance aware of any fact or circumstance, act, error, omission or personal injury which might be expected to be the basis of a claim or suit for lawyers professional liability? Yes No

B. **If yes**, what is the total number of these potential claims? _____

You must complete a claim supplement for each potential claim.

13. A. How many suits to collect unpaid fees were initiated by your firm during the last 12 months? _____

If more than 2 fees suits were filed, please provide name of client, total dollar amount in dispute and current status of fee suit.

B. Are all potential suits for fees reviewed by management committee or other independent body / attorney before they are filed? Yes No

C. Does the entity consider quality of representation and applicable statute of limitations before suit is filed? Yes No

D. If fee suits have been filed, what steps have been implemented to avoid filing future fee suits against clients? N/A

14. A. Which Docket/Diary Control System does your firm utilize: **(check all that apply)**

Calendar Tickler File Pocket Diary Computerized Docket Management Program None

B. Does your firm's control system include: **(check all that apply)**

Litigation Deadlines Statute of Limitations Dates for Long-Term Matters
 Non-Litigation Deadlines Dates for Status Reports to Clients None

C. Does the ultimate responsibility for docket control of litigation rest with the lawyer? Yes No

15. Does your firm utilize the following for all clients?

A. Engagement letters which include the scope of services and fee arrangements Yes No

B. Non-engagement / declination letters Yes No

C. Disengagement / closing letters Yes No

D. Written confirmation of changes in scope of engagement Yes No

If the answer to any of these questions was no, please provide a detailed explanation:

16. A. Which conflict of interest avoidance system do you maintain? **Check all that apply.**

- None Computer Index File Conflict Committee Memory

B. Are conflict of interest situations reviewed and disclosed to clients/potential clients in writing? Yes No

17. State the total number of non-lawyer personnel (include only paralegals, law clerks and administrative assistants): _____

18. Please provide the following information on your firm's prior professional liability insurance:

Insurance Company	Limit	Deductible	Premium	Policy Period	# of Lawyers Insured
_____				__ / __ / __ __ / __ / __	
_____				__ / __ / __ __ / __ / __	
_____				__ / __ / __ __ / __ / __	
_____				__ / __ / __ __ / __ / __	
_____				__ / __ / __ __ / __ / __	

19. Please provide the date applicant firm and its predecessor firm(s) first obtained uninterrupted claims made lawyers professional liability insurance: _____ / _____ / _____

RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED THIS APPLICATION: Please review this application, along with all applicable supplements and attachments, and supply us with updated information. Additionally, if there have been any changes to information appearing on this application and any supplements or attachments, please provide details of those changes in the space below. **Failure to report a change could result in being underinsured or uninsured.**

No Change

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signed: _____ Date: _____
Partner, Officer and/or Owner Title

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.