

# Westport Insurance Corporation

## LAWYERS PROFESSIONAL PREMIER APPLICATION CLAIMS-MADE AND REPORTED BASIS

### Applicant Instructions

- Please read carefully all statements and questions on this application.
- Answer all questions in ink.
- If space is insufficient to answer all questions fully, use separate sheets of paper.
- Application and all attachments must be signed and dated by named applicant, partner, officer or owner on page 5.
- Please attach a copy of your current letterhead
- Complete and attach the Individuals Lawyers Supplement and all other required supplements

### Section I. Firm Information

- Name of Applicant (include D/B/As):  
\_\_\_\_\_
  - Federal Employee ID Number (if you do not have an FEIN number, please provide your SSN):  
\_\_\_\_\_
  - Check here if the name of the firm has changed in the last twelve months.
- Applicant is:  Partnership (DO NOT INCLUDE LLP)  Professional Corporation (DO NOT INCLUDE LLC)  
 LLC / LLP  Professional Association  
 Other, please specify: \_\_\_\_\_
- Name of an owner, officer, partner or firm administrator designated as the contact person.  
\_\_\_\_\_
- Main Address Location: Street: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_
- Telephone No.: \_\_\_\_\_
- Facsimile No.: \_\_\_\_\_
- If you have more than one location, how are the locations managed? **Check all that apply.**  N/A  
 Senior lawyer in each location  Management committee over all locations  
 Managing partner over all locations  Management committee with representatives at each location  
 Other, Please specify: \_\_\_\_\_

8. For each additional location, please indicate the following: **Attach additional pages, if necessary.**

City	State	County	Attorneys Located in This Office	Date Office Established

9. If you have offices in countries other than the United States, what is the nature of these offices? **Check all that apply.**

- N/A   
 Not staffed with attorneys   
 Staffed with local attorneys   
 Staffed with U.S. attorneys  
 Counsels regarding US law to non-US clients   
 Counsels regarding local law to US clients  
 Counsels regarding local law to local clients   
 Other \_\_\_\_\_

10. For the previous twelve months, list the top five clients for your firm:

	Name of Client	Years Client	% of Firms Billings (Current Year)	% of Firms Billings (Prior Year)
1.			%	%
2.			%	%
3.			%	%
4.			%	%
5.			%	%

11. E-Mail Address: \_\_\_\_\_

12. Website Address: \_\_\_\_\_

No Website

13. Do you have a legal administrator?

Yes     No

A. **If yes**, is that legal administrator a member of the Association of Legal Administrators (ALA)?

Yes     No

B. **If yes**, does the legal administrator hold a CLM certificate?

Yes     No

14. Does the firm or any lawyer proposed for this insurance:

- Act as an employee of any organization other than the applicant law firm?  
 Act as a director, officer, partner or trustee or exercise any form of managerial or fiduciary control over any for-profit business enterprise other than the applicant law firm?  
 Own, manage, have financial control over or equity interest in any for-profit business other than the applicant law firm?  
 N/A

**If any response other than “N/A”, please complete the Outside Interest Supplement.**

15. Date Firm Established: \_\_\_\_\_

16. Limits Desired: \_\_\_\_\_

17. Deductible Desired: \_\_\_\_\_

**Section II. Areas of Practice.**

Please provide percentage of gross income. An asterisk (\*) indicates that a supplemental application is required if a percentage is indicated (\* = Supplemental AOP Questions for Lawyers; \*\* = Intellectual Property Supplement; \*\*\* = Securities Supplement). Please round to the nearest 1/10 percent. e.g. (10.1%). It is not necessary to input any information or make any changes to the gray section.

Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year
Administrative Law	%	%	Financial Institution*	%	%	Natural Resources	%	%
Admiralty Law	%	%	Financial Planning	%	%	Pension and Employee Benefits	%	%
Antitrust / Trade	%	%	Government Contracts/ Relations	%	%	Personal Injury and Negligence - Defense	%	%
Civil Rights and Discrimination	%	%	Healthcare	%	%	Personal Injury and Negligence - Plaintiff*	%	%
Collection / Bankruptcy*	%	%	Immigration and Naturalization	%	%	Plaintiff – Class Action*	%	%
Construction Law	%	%	Insurance	%	%	Plaintiff – Mass Tort*	%	%
Consumer Law	%	%	Intellectual Property – Patent/ Trademark**	%	%	Real Estate – Residential*	%	%
Corporate and Business Transactions	%	%	Intellectual Property- Copyright**	%	%	Real Estate – Commercial*	%	%
Criminal	%	%	International Law	%	%	Securities Law (including bonds, private placements and limited partnerships)***	%	%
Employment Law – Defense	%	%	Labor - Management Representation	%	%	Taxation – Opinions	%	%
Employment Law- Plaintiff*	%	%	Labor – Labor Representation*	%	%	Taxation – Other	%	%
Entertainment / Sports*	%	%	Commercial and Business Litigation - Defense	%	%	Workers Compensation - Defense	%	%
Environmental Law	%	%	Commercial and Business Litigation – Plaintiff*	%	%	Workers Compensation – Plaintiff*	%	%
Estate / Probate / Trust*	%	%	Mediation / Arbitration	%	%	Other:	%	%
Family Law	%	%	Mergers and Acquisitions***	%	%	<b>Total must equal 100%</b>	%	%

**Section III. Current Insurance Information**

Is Applicant firm:  Currently insured with Westport  
 Not insured  
 Currently insured with another insurance carrier. Current Carrier: \_\_\_\_\_

**If Applicant is currently insured with another insurance carrier, please answer the following questions:**

- A. Current Policy Expiration Date: \_\_\_\_\_
- B. Current Limits (Per claim and Aggregate): \_\_\_\_\_
- C. Current Deductible: \_\_\_\_\_  
 Type: (Check all that apply):  Applies to losses only  
 Aggregate  
 Applies to losses and defense expenses
- D. Firm Retroactive Date: \_\_\_\_\_  Not applicable
- E. Effective Date of previously purchased Extended Reporting Period? \_\_\_\_\_  Not applicable
- F. Do you wish to provide coverage for work performed by your lawyers prior to joining your firm?  Yes  No

**If yes, indicate those lawyers for which you desire coverage in the Individual Lawyers Supplement.**

***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 hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

For your protection, the following Fraud Warning is required to appear on this application:

The following Fraud Warning applies to **Arkansas**: 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 and may be subject to fines and confinement in prison.

The following Fraud Warning applies to **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 policy holder 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.

The following Fraud Warning applies in **Kentucky**: 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 any 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.

The following Fraud Warning applies to **Louisiana**: 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 and may be subject to fines and confinement in prison.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The following Fraud Warning applies in **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The following Fraud Warning applies in **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 any 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 and subjects such person to criminal and civil penalties.

The following Fraud Warning applies in **Tennessee**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 is a crime and also punishable by criminal and/or civil penalties in certain jurisdictions.

**THIS APPLICATION MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER**

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 this application that occur after the date of the application and before policy inception.*