

COOPER & MCCLOSKEY, INC.
ZURICH SMALL WORKERS COMPENSATION
SMALL LAW FIRMS

First Named Insured: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Federal Employer ID: _____ **Insured Phone # :** _____

Effective Date: _____ **Firm Website:** _____

Firm Area of Law: _____	Percentage _____	%
_____	Percentage _____	%
_____	Percentage _____	%
_____	Percentage _____	%

State of firm domicile: _____

Sub Producer Code: 19967280

Retail Insurance Broker Contact: _____

Retail Insurance Broker's Agency: _____

Broker Phone # : _____ **Ext.** _____

Firm Type: ___ **Individual** ___ **Partnership** ___ **Corporation** ___ **LLC** ___ **Other**

Full Time Employees: _____ **# Part Time Employees:** _____

Year Firm Established: _____ **or acquired by current partners/owners**

Audit Frequency: ___ **Annual** ___ **Monthly** ___ **Quarterly** ___ **Semi-Annually**

Normal Anniversary Date – usually same as effective date of policy: ___ / ___ / ___

Does firm have any prior insurance: ___ **Yes** ___ **No**

Have there been any claims or occurrences within the last 5 years that may give rise to claims? ___ **Yes** ___ **No**

If yes, then: _____ **Claims Date** _____ **Amount Paid**

Open? ___ **Yes** ___ **No**

Do you have hard copy loss runs? ___ **Yes** ___ **No**

Detailed description of the claim:

Any other named insureds with common majority ownership? ___ **Yes** ___ **No**

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Does the firm want to include or exclude named individuals from coverage?

Yes No

SOLE PROPRIETORS are automatically excluded. Must list if to be included:

Name _____ Title _____

PARTNERS are automatically excluded. Must list if to be included:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

EXECUTIVE OFFICERS are automatically excluded. Must list if to be included:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

LLC MEMBERS are automatically excluded. Must list if to be included:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Firm's previous workers compensation insurance carrier:

_____ Expiration Date _____

Has the applicant ever had workers compensation coverage provided by Zurich Insurance Company or one of its companies? Yes No

Inspection Records contact: _____ Phone #: _____

Location 1:

Street _____ City _____ St. _____ Zip _____

Location 2:

Street _____ City _____ St. _____ Zip _____

Location 3:

Street _____ City _____ St. _____ Zip _____

Class code – all attorneys/all employees including salesperson and clerical office employees 8820: Payroll \$ _____

Experience Mod (if known) _____

General Information:

1. Does firm own, operate or lease aircraft/watercraft: Yes No

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2. Any work performed underground or above 15 feet (pertains to construction): Yes No
3. Is firm engaged in any other type of business: Yes No
4. Is a written safety program in operation: Yes No
5. Any group transportation provided: Yes No
6. Any employees under 16 or over 60 years of age. If so:
- | | |
|------------|-----------|
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |
| Name _____ | Age _____ |

If over the employee is over 60, please confirm that the employee has major medical insurance coverage in place.

has major medical insurance coverage in place
 does not have major medical insurance coverage in place

7. Does the firm have other insurance with Zurich – list policy #

8. Any prior coverage/cancelled/non-renewed in last 3 years? Yes No
If yes, why:

9. Was the risk cancelled for non-payment of premium? Yes No
If yes, answer the following:
- a. Was the risk cancelled for non-payment of premium? Yes No
 - b. Was the risk non-renewed or cancelled? Yes No
 - c. Was the risk part of a roll over to Zurich? Yes No
 - d. Was the risk other than the above? Yes No
10. Is there a labor interchange with any other business/subsidiary?
 Yes No
11. Does the firm lease any employees to or from other employers?
 Yes No
12. Does the firm have any tax liens or bankruptcy filings within the last 5 years?
 Yes No

Employers Liability minimum limits in California are: 1M/1M

Indicate any pertinent information that may assist the underwriter in issuing this risk:

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Eligible Exposures:

- **Establishments engaged in the practice of law. Eligible practitioners include lawyers specializing in a specialty field of law (bankruptcy, employment, family, intellectual property, real estate, tax and others) or general law. This class also includes criminal lawyers and civil lawyers representing clients in personal injury/property damage, product liability, medical malpractice, disability and other litigation.**
- **Offices of paralegals and patent agents are also eligible.**
- **Ergonomic workstations should be in place for all employees**
- **Zurich prefers offices that do not have a ratio of attorneys to support staff of greater than 3 to 1**
- **Zurich prefers risks that do not require employees to travel out of the country or require relocation for temporary job assignments**

Ineligible Exposures:

- **Bail Bondsman**
- **Investigation Agencies**
- **Trial Lawyers**
- **Personal Injury or Advertising law firms/attorneys**
- **Process Servers**
- **Professional liability is excluded**
- **Umbrella Designated Professional Services Exclusion will be attached to the policy**