

# Westport Insurance Corporation

## Lawyers Professional Liability Insurance Application Claims-Made and Reported Basis

Expiring WIC Policy # \_\_\_\_\_  
(If Applicable)

- 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

1. A. Name of Applicant (include D/B/As):

\_\_\_\_\_

B. Federal Employee ID Number (if you do not have an FEIN number, please provide your SSN):

\_\_\_\_\_

C. Has the name of the firm changed in the last twelve months.  Yes  No

Please list all predecessor firms below. (If needed please continue on a separate sheet of paper)

Firm Name	Date Established	Date Dissolved	ERP Purchased

2. Applicant is:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietor (Full Time)<br><input type="checkbox"/> Partnership (DO NOT INCLUDE LLP)<br><input type="checkbox"/> Professional Association (All members applying for Ins)<br><input type="checkbox"/> Professional Association (All members <i>NOT</i> applying for Ins)<br><input type="checkbox"/> Other, please specify: _____ | <input type="checkbox"/> Sole Proprietor (Part Time – less than 25 hours / week)<br><input type="checkbox"/> Professional Corporation (DO NOT INCLUDE LLC)<br><input type="checkbox"/> LLC / LLP |
|---|--|

3. Name of an owner, officer, partner or firm administrator designated as the contact person.

\_\_\_\_\_

4. Main Address Location: Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Location: Street:

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if the location is not staffed. \*If you have additional locations. Please continue on a separate sheet of paper.

5. Telephone No.: \_\_\_\_\_

6. Facsimile No.: \_\_\_\_\_

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

8. Website Address: \_\_\_\_\_  No Website

9. Do you have a full time legal administrator dedicated to the management of the firm?  Yes  No

A. If yes, is that legal administrator a member of a national organization for legal administrators, whose objective and function is to improve the quality of management in legal service organizations?  Yes  No

Name of Professional Organization(s): \_\_\_\_\_

B. If yes, does the legal administrator hold a professional certification designation from a national professional organization for legal administrators?  Yes  No

List professional designation(s): \_\_\_\_\_

10. 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.

11. Date Firm Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

12. Limits Desired: \_\_\_\_\_

13. Deductible Desired: \_\_\_\_\_

**Section II. Areas of Practice.**

Please provide percentage of gross revenue. 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/Title Agent-Residential*	__%	__%

Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year
Corporate and Business Transactions	___%	___%	Intellectual Property-Copyright**	___%	___%	Real Estate/Title Agent - 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. General Information**

1. Does Applicant law firm have more than 10 attorneys?  Yes  No
2. A. Does Applicant law firm have any wholly owned entities?  Yes  No
 

B. Are there any wholly owned entities you would like us to consider for coverage.

 None  
 Mediation / Arbitration:  
 Title Agency:  
 Other, please specify: \_\_\_\_\_
3. A. Are you a solo practitioner who only works part time (less than 25hours/week) at Applicant law firm?  Yes  No  
 B. What is the average weekly numbers of hours spent in primary employment? (If applicant works full time for another law firm, please provide details on a separate page)  N/A \_\_\_\_\_
4. Does the firm outsource any legal services? If yes, please provide details: \_\_\_\_\_  Yes  No
5. A. Does the Applicant law firm share office space or letterhead with any attorneys?  Yes  No  
 B. If yes, are they uninsured or is their insurance status unknown?  Yes  No
6. During the past five years, has Applicant law firm split, acquired, merged with, or purchased any other firm or sold or lost a practice group to another firm?  Yes  No
7. Does Applicant law firm provide any services other than legal, mediation/arbitration or title agent services? (Provide details if answered yes)  Yes  No

8. 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 non-renewed for a reason other than the carrier is no longer writing this line of business? (Provide details if answered Yes)  Yes  No
9. In the past five years, has any action been taken against any lawyer proposed for this insurance for disbarment, suspension, reprimand, or other disciplinary action? **Please include any pending actions.**  Yes  No
10. 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 claims supplement for each claim, suit or demand. \_\_\_\_\_
11. 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 or title agents professional liability?  Yes  No  
 B. If yes, what is the total number of these potential claims?  
 \*You must complete a claims supplement for each potential claim. \_\_\_\_\_
12. Does the firm have more than four non-lawyer personnel (includes law clerks, paralegals and administrative assistants) for every lawyer practicing with the applicant firm?  Yes  No

If the answer to any of the above questions is **YES**, please complete any required supplementary applications or provide details on a separate sheet of paper.

#### Section IV. General Policies and Procedures

1. A. How many suits to collect unpaid fees were initiated against clients or former clients during the last year? \_\_\_\_\_  
 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 a fee 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
- 
2. A. Does Applicant law firm utilize at least one primary and backup system for docket/diary control?  Yes  No  
 B. How many independent cross-checking systems are utilized?  0  1  2  3  4 or more  
 C. Check here if one of these systems is computerized:   
 D. Check here if the ultimate responsibility for docket control rest with the lawyer:   
 E. How often are they cross checked?  Daily  Weekly  Monthly  Other \_\_\_\_\_
3. 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:

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

None  Computer  Index File  Conflict Committee  Memory

B. Are all conflict of interest situations reviewed and disclosed to clients/potential clients in writing?

Yes  No

6. Has the firm either (A) maintained continuous insurance coverage over the last five years or (B) been established within the last five years and maintained continuous insurance coverage since inception?

Yes  No

**Section V. Insurance Information**

Is Applicant firm:  Currently insured with Westport

Not insured

Currently insured with another insurance carrier. Current Carrier: \_\_\_\_\_

Please provide the firms insurance history for the past five years::

1.

Insurance Company	Limit \$ (Per Claim / Agg)	Deductible \$	Premium	Policy Period	# of Lawyers Insured
				<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	
				<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	
				<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	
				<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	
				<u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> / <u>  </u>	

2 Firm Retroactive Date:   /  /  

Not applicable

3. Effective Date of previously purchased Extended Reporting Period?   /  /  

Not applicable

**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

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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 and a part of any policy 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 **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 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 **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**

Please print name of partner, officer and/or owner signing application: \_\_\_\_\_

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.*



# Westport Insurance Corporation

## SUPPLEMENTAL AREA OF PRACTICE QUESTIONS FOR LAWYERS

**Applicant Instructions:**

- Answer all questions in ink. If answer is none, state "none."
- If space is insufficient to answer all questions fully, use separate sheets of paper.

**PLAINTIFF SUPPLEMENTAL QUESTIONS**

*If any of the Applicant's practice is Plaintiff, the Applicant must complete this section.*

1. Please indicate the percentage of plaintiff's work devoted to the following specialties.

Admiralty	%	Medical Negligence	%	Commercial / Business	%
Aviation	%	Non-Medical Professional Liability	%	Employment Law	%
Asbestos	%	Products Liability	%	Personal Injury / Property Damage	%
Tobacco	%	Pharmaceutical	%	Other (please specify): _____	%
Other Toxic Torts	%	Workers' Compensation	%	TOTAL	100%

2. Does any of the indicated work include class action suits? **If yes, please provide details.**  Yes  No
3. What is the average dollar value of cases closed during the last twelve months?  
 Less than \$25,000.                       \$100,000. - \$499,999.                       \$1,000,000. or more  
 \$25,000. - \$99,999.                       \$500,000. - \$999,999.
4. What is the largest verdict or settlement achieved by the firm in the last five years?  
 \$1,000,000. or less                       More than \$1,000,000. and less than \$5,000,000.                       \$5,000,000. or more
5. How many lawyers are in plaintiff practice? \_\_\_\_\_
6. What is the average number of cases an individual attorney handles per year? \_\_\_\_\_
7. In the last twelve months, what percentage of cases did the firm:  
 Reject                      %                      Accept & Settle Before Trial                      %  
 Accept & Still Pending                      %                      Accept & Try to Conclusion                      %
8. Does the Applicant accept cases venued outside the state(s) in which the firm has office(s)?  N/A  Yes  No
9. Does the Applicant use written referral agreements in all cases that are referred **by** the firm?  N/A  Yes  No
10. Does the Applicant use written referral agreements in all cases that are referred **to** the firm?  N/A  Yes  No
11. Does the Applicant obtain certificates of insurance in all cases that are referred **by** the firm?  N/A  Yes  No
12. Does the Applicant obtain certificates of insurance in all cases that are referred **to** the firm?  N/A  Yes  No
13. Does the Applicant split fees? **If yes, please provide details.**  Yes  No
14. Indicate all methods by which the Applicant has advertised in the last twelve months. **Check all that apply.**  
 Television                       Newspaper                       Yellow Pages                       Internet or other electronic media  
 Radio                       Magazine                       None  
 Other, please specify: \_\_\_\_\_

**BANKRUPTCY SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is bankruptcy work, the Applicant must complete this section*

1. State the number of bankruptcy cases fall into the following categories: **For Debtor** **For Creditor** **As Trustee?**  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
  
2. Indicate percentage of bankruptcy cases which are:  
 a. Personal Bankruptcies % b. Commercial Bankruptcies \_\_\_\_\_% c. Other \_\_\_\_\_%
  
3. Attorneys involved in this area of practice: % of Time Spent on Bankruptcy work Years of experience:  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
  
4. Has the firm conducted training respecting the 2005 Bankruptcy Reform Act?  Yes  NO
  
5. Has the firm adopted a due diligence process for certifying the truthfulness and accuracy of the debtors' bankruptcy schedule?  Yes  NO If yes, please describe the procedure.  


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6. Has the firm adopted a review procedure for certification of the debtors' ability to pay?  Yes  NO If yes, please describe the procedure.  


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7. Has the firm adopted a uniform disclosure statement explaining the duties of the debtor in bankruptcy?  Yes  NO  
 Is this disseminated to all clients?  Yes  NO  
 Is a copy of this statement maintained for at least two years?  Yes  NO
  
8. Has the firm included a conspicuous statement in all advertising stating that the firm is acting as a debt relief agency and containing all required disclosures?  Yes  NO

**COLLECTION SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is collection work, the Applicant must complete this section.*

1. Do all lawyers and staff in this specialty receive training on the Fair Debt Collection Practices Act?  Yes  No
  
2. Have form letters and other correspondence been reviewed for compliance with all federal and state statutes?  N/A  Yes  No
  
3. Does the firm require use of a script which has been reviewed for compliance with the Fair Debt Collection Practices Act and applicable state laws when collecting debts via phone?  N/A  Yes  No

**ENTERTAINMENT SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is entertainment / sports work , the Applicant must complete this section.*

1. Does the firm, or any member of the firm, exercise any authority to write checks?  Yes  No
  
2. Does the firm, or any member of the firm, provide investment advice, make investments, or have discretionary control of funds for the entertainment / sports clients or other public figures?  Yes  No
  
3. Does the firm negotiate personal appearances, product endorsements, serve as a talent agent or manager for the entertainment / sports clients or other public figures?  Yes  No

**ESTATE / PROBATE / TRUST SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is estate / probate / trust work in Section II of the Application, the Applicant must complete this section.*

- 1. Does the firm, or any member of the firm, exercise any authority to write checks?  Yes  No
- 2. Does the firm, or any member of the firm, provide investment advice, make investments, or have discretionary control of funds for the estate / probate / trust clients?  Yes  No
- 3. Does the value of any estate or trust handled by the firm exceed 5,000,000?  Yes  No

**REAL ESTATE SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is real estate work, the Applicant must complete this section.*

- 1. Does anyone in the firm provide services to clients who form, manage, or organize group investments / syndications (e.g., limited partnerships, general partnerships, real estate investment trusts or corporations) for the purpose of investing in real property?  Yes  No
- 2. Does anyone in the firm solicit or seek investors in real estate mortgages or similar real estate based investments?  Yes  No
- 3. Does twenty-five percent or more of the firm's real estate income result from any one contractor or developer?  Yes  No
- If yes, what is the highest percent of income from any one client? \_\_\_\_\_ %
- 4. Does the firm always use a disclosure form and have this form signed by both parties when acting in a dual capacity in the same real estate transaction?  N/A  Yes  No
- 5. Does the firm's procedures include verification of documentation and evaluation with written disclosure of any hazardous environmental exposures, including on-site and off-site defects that exist or may in the future be created?  N/A  Yes  No
- 6. Does the firm undertake any aspect of financial or valuation analysis or review of transactions for clients (e.g. tax ramifications or appraisals)?  Yes  No

**FINANCIAL INSTITUTION SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is financial institution work, the Applicant must complete this section.*

- 1. What type of financial institution work does the Applicant perform?  
 Regulatory  General Counsel  Loan Closing, Repossessions and Foreclosures  Other
- 2. Are any attorneys on the board of directors of these institutions?  Yes  No
- If yes, please complete the Outside Interest Supplement.**
- 3. Is any institution which the Applicant represents or has represented within the last five years currently or been previously under regulatory review by any state or government agency or had any action taken against them?  Yes  No
- 4. Has any financial institution for which the Applicant has done work in the last five years become bankrupt or insolvent?  Yes  No

**MERGERS & ACQUISITIONS SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is merger & acquisition work, the Applicant must complete this section.*

- 1. A. How many lawyers are engaged in mergers & acquisition-related activities? \_\_\_\_\_  
 B. What is their average years of experience? \_\_\_\_\_  
 C. How many have less than three years experience? \_\_\_\_\_
- 2. Has the applicant firm been involved in any hostile or unfriendly mergers or acquisitions over the last year?  Yes  No
- 3. What was the average combined total assets of the entities in the deals the firm has handled in the past 12 months?? \_\_\_\_\_

4. List the top five deals completed over the previous 12 months along with their specific asset size.:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

5. During the last 12 months, what percentage of deals completed were for public clients? \_\_\_\_\_%

6. During the last 12 months, did the Applicant firm or any attorney represent a client in a failed merger or acquisition? **If yes, please attach details.**  Yes  No

7. How many deals does the firm expect to complete in the next 12 months? \_\_\_\_\_

8. Did the firm or any attorney within the firm represent a client in a merger or acquisition where the firm or an attorney within the firm owned an equity interest in the client? **If yes, please complete the outside interest supplement.**  Yes  No

**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

Name of Firm: \_\_\_\_\_

*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.*

# Westport Insurance Corporation

## SECURITIES AND SECURITIES-RELATED ACTIVITIES SUPPLEMENT

*If you indicated any percentage of your practice as securities or securities-related activity including bonds, limited partnerships or mergers/acquisitions, you must complete this supplement.*

**Applicant Instructions:**

- Answer all questions in ink. If answer is none, state "none."

1. How many lawyers are engaged in securities/securities-related activities? \_\_\_\_\_  
\_\_\_\_\_
  
3. What are the average years of SEC experience for these attorneys? \_\_\_\_\_
  
4. How many attorneys in securities practice have less than three years' experience? \_\_\_\_\_
  
5. How many attorneys spend less than ten percent of their time on securities/securities-related activities? \_\_\_\_\_
  
6. Does the applicant firm require its securities lawyers to participate in formal training, including annual participation in in-house and/or continuing legal education seminars respecting securities law?  Yes  No
  
7. Indicate the percentage of total billable hours from the firm's securities and securities related activities for the following (**must total 100%**):
 

A. Offer/sale of securities registered under the Securities Act of 1933	_____ %
B. Exempted transactions under the 1933 Act or any related regulation	_____ %
C. Private placements and state securities filings not included in above	_____ %
D. Tender/Exchange offers	_____ %
E. Proxy contests	_____ %
F. Mergers and acquisitions	_____ %
G. Syndications	_____ %
H. Issuance of municipal and/or industrial development bonds	_____ %
I. Issuance of other bonds	_____ %
J. Other securities work, please describe: _____	_____ %
<b>TOTAL billable hours</b>	<b>_____ 100 %</b>
  
- K. This equates to \$ \_\_\_\_\_ gross inco me for the last twelve months.

8. Indicate the percentage of total billable hours from the firm's securities and securities-related activities where the firm represented (must total 100%):

- A. The issuer or other security holders \_\_\_\_\_ %
- B. The underwriters \_\_\_\_\_ %
- C. The investment company \_\_\_\_\_ %
- D. The broker or dealer \_\_\_\_\_ %
- E. Other, please describe: \_\_\_\_\_ %

**Total** \_\_\_\_\_ %

9. Indicate the percentage of security offerings that are initial public offerings of the issuers. \_\_\_\_\_ %

10. If bond practice is indicated, what types of bonds were used?

- Not Applicable     General Obligation     Revenue     Refunding
- Other, please describe: \_\_\_\_\_

11. Does the Applicant provide tax advice in conjunction with any securities or securities-related representation?  Yes     No

12. For each of the past three years, list the percentage of securities and / or securities related activities performed for new clients.

Year: \_\_\_\_\_ - \_\_\_\_\_%

Year: \_\_\_\_\_ - \_\_\_\_\_%

Year: \_\_\_\_\_ - \_\_\_\_\_%

13. A. With respect to new clients, check all items that are investigated:

- Financial strength             Management experience     None
- Nature of its business         Reputation
- Litigation history             History of changing attorneys or accountants

14. To Applicant's knowledge, has any securities or securities related client of the firm:

- Become insolvent or entered into liquidation or reorganization proceeding?
- Had any claim or allegation of fraud, negligence, or breach of duty asserted against it?
- Received a subpoena from the SEC or any other federal or state agency related to securities or securities related matters?
- Not Applicable

**If any item other than Not Applicable is checked, please provide details on a separate page.**

15. In terms of gross income, list the top five clients for whom the Applicant has performed securities or securities related work.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

16. Identify offerings which were:

- A. made in the past five years, and
- B. either initial public offerings of the issuer or were intended to be exempt from registration and had an aggregate offering price exceeding \$250,000. Include anticipated filings expected to be made within the next 90 days.

\* **Type of Securities are:** Registered (R), Exempted (E), Initial Price Offering Registered (IPOR), Initial Price Offering Exempted (IPOE), Partnership Securities (PS), Other (O).

Name of Client	Date Offering Commenced	Issuer (I) Underwriter (U) or Other (O)	Dollar Size of Offering	*Type of Security	Applicant's Lawyers Invest (Y/N)

17. For bond work, are any of the bonds in default?  Yes  No

18. Is a "cold review" of transactions by an uninvolved senior member of the firm required prior to release or signature?  Yes  No

19. A. Does the Applicant accept securities in lieu of fees as payment for services rendered involving securities and/or securities related activities?  Yes  No
- B. Does the firm require management committee / managing partner review prior to accepting securities in lieu fees?  N/A  Yes  No
- C. How many potential engagements where securities would be accepted in lieu of fees were seen in last 12 months? \_\_\_\_\_
- D. How many of these investment opportunities were accepted in last 12 months? \_\_\_\_\_
- E. What is the average total value of these securities accepted in lieu of fees? \_\_\_\_\_
20. A. Does the Applicant have a written policy prohibiting or restricting lawyers or the firm from investing with clients or otherwise entering into a business relationship (other than lawyer/client)?  Yes  No
- B. Does the law firm require review by management committee / managing partner prior to allowing individual lawyers to invest?  Yes  No
- C. How many potential investment opportunities with clients were seen in last 12 months? \_\_\_\_\_
- D. How many investment opportunities with clients were accepted in last 12 months? \_\_\_\_\_
- E. What is the average total value of investment and/or equity interest in such clients? \_\_\_\_\_
21. Does the Applicant make recommendations on the sale or purchase of any specific stocks, bonds or other securities related investments?  N/A  Yes  No
- If Yes, please explain: \_\_\_\_\_

**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.**

Name of 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.*

# Westport Insurance Corporation

## INTELLECTUAL PROPERTY SUPPLEMENT

If you indicated any percentage of Copyright/Trademark/Patent practice, you must complete this supplement.

### Applicant Instructions:

- Answer all questions in ink. If answer is none, state "none."

- In terms of gross income, provide a breakdown of the firm's copyright, patent and trademark practice into the following categories:

A. Intellectual Property Litigation	_____ %
B. Patent Infringement Counseling	_____ %
C. Domestic Patent Prosecution	_____ %
D. Foreign Patent Prosecution	_____ %
E. Trademark Registration / Licensing	_____ %
F. Copyright Registration / Licensing	_____ %
G. Patent Searches	_____ %
H. Other (Please describe): _____	_____ %
Total must equal 100%	_____ 100 %
- In terms of gross income, provide a breakdown of the firm's copyright, patent and trademark practice into the following industry groups:

A. Aerospace	_____ %
B. Biotechnology	_____ %
C. Pharmaceutical	_____ %
D. Computer / Software	_____ %
E. Other (Please describe): _____	_____ %
Total must equal 100%	_____ 100 %
- How many lawyers are engaged in Intellectual Property practice? \_\_\_\_\_
- For these lawyers, what is the average number of years experience in handling Intellectual Property matters? \_\_\_\_\_
- Does the Applicant require its Intellectual Property lawyers to participate in a formal training program, including annual participation in in-house and/or continuing legal education seminars respecting current Intellectual Property law?  
 Yes  No

7. Does the Applicant have a computerized docketing system to alert the appropriate responsible party regarding:

- A. Statutory bar dates?  N/A  Yes  No
- B. Fee due dates, whether outsourced or not?  N/A  Yes  No
- C. Response dates?  N/A  Yes  No

8. Does the firm outsource to other entities for:

- A. Searches?  N/A  Yes  No
- B. Payment of Maintenance / Annuity fees?  N/A  Yes  No
- C. Search common law sources?  N/A  Yes  No
- D. Performance of PTO searches?  N/A  Yes  No

If Yes to A, B, C or D, does the firm:

1. Verify the outsource entity carries professional liability coverage?  Yes  No
2. Obtain proof of insurance, such as a certificate of insurance?  Yes  No

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Patent  N/A If N/A, no further information is needed in this section.

9. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion?  Yes  No

10. Indicate the percentage of the types of Patent Opinions rendered by the firm.

- A. Patentability \_\_\_\_\_%
- B. Infringement \_\_\_\_\_%
- C. Validity \_\_\_\_\_%

11. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to the filing of a patent application?  N/A  Yes  No

12. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to pursue a foreign patent application?  N/A  Yes  No

13. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications filed in foreign countries?  N/A  Yes  No

14. Does the firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for U.S. Patents?  N/A  Yes  No

15. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force?  Yes  No
16. Does the firm advise the client in writing to mark the patented product with the appropriate patent number?  Yes  No

**Trademark**  N/A If N/A, no further information is needed in this section.

17. Does the firm's docket system advise regarding dates for:
- A. Response to all PTO actions?  Yes  No
- B. Declaration of use after registration?  Yes  No
- C. Statement of incontestability after registration?  Yes  No
- D. Renewal of trademark?  Yes  No
18. Does the firm advise that the trademark search is not guaranteed against all common law sources?  Yes  No

**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.*

# Westport Insurance Corporation

## CLAIM SUPPLEMENT

### Section I: General Claims Information

1. Full Name of Applicant/Insured firm:  
\_\_\_\_\_
2. Full name of claimant/plaintiff:  
\_\_\_\_\_
3. Date claim/incident made against firm (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_
4. Date claim reported to insurance carrier (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_
5. Date of alleged error: (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ . If the error is alleged to have occurred over a period of time, please indicate the start and end date of said period (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
6. Please indicate if this claim:  Was previously reported to Westport as a claim/potential claim under a Westport Insurance Policy  
 Was previously reported to Westport as a claim/potential claim reported under another carrier's policy  
 Has never been reported to Westport

**NOTE:** This form should not be used to report new claims. Please follow the appropriate procedure as indicated by your Westport policy.

**If this claim was previously reported to Westport as a claim/potential claim under a Westport Insurance Policy, no further information is required**

### Section II. Other Claims Information

7. Indicate whether:  claim/suit  
 incident/potential claim
8. Full name of individual(s) involved in claim/incident:  
\_\_\_\_\_
9. Name of firm involved in claim/incident if different than above  
\_\_\_\_\_
10. Other parties against whom this claim was made:  
\_\_\_\_\_
11. Name of Insurance Company:  
\_\_\_\_\_
12. The claim is:  open  
 closed

13. Please complete the following for all open and closed claims:

- A. Total amounts paid to date (including deductible): \$ \_\_\_\_\_
- B. Loss paid in excess of Deductible: \$ \_\_\_\_\_
- C. Expenses paid in excess of Deductible: \$ \_\_\_\_\_

If claim is still open:

- D. Insurance company's loss reserve: \$ \_\_\_\_\_
- E. Claimant's settlement demand: \$ \_\_\_\_\_  None Made
- F. Defendant's offer for settlement: \$ \_\_\_\_\_  None Made

If the claim is closed:

G. Indicate date closed: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

H. Indicate how resolved:

- Settlement via Court judgment
- Settlement via formal mediation/arbitration
- Out of court settlement
- Jury trial
- Bench trial
- Claim dismissed by Claimant without settlement
- Dismissed via motion
- Claim never developed
- Other

14. Provide a full description of the engagement, the events leading up to the claim / potential claim, the allegations asserted against your firm and the current status of the matter. Please indicate whether or not the claimant was your client; if not, fully explain claimant's relationship to client.

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15. What action has your firm taken to prevent a recurrence of such a claim in the future?

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16. Do you continue to service client?  Yes  
 No  
 Not Applicable

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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.*