



AFFINITY

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE (Claims Made and Reported Policy)



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

Administered by: USI Affinity 100 Matawan Road Suite 200 Matawan, NJ 07747
Please Return Completed Application to: Mike Mooney, Vice President Mike.Mooney@usiaffinity.com Fax - 610.537.2057 Phone - 601.537.1441

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 AND IF NECESSARY TO PRESERVE COVERAGE FOR SUCH CLAIM THAT YOU PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT.

Full Name of Applicant Firm: Contact:
Address 1:
Address 2: City: State: Zip Code:
County: Phone: Fax:
E-mail: Date Firm Established:
Fed ID: 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:
3. a. Is the firm currently insured for professional liability? Yes No Retroactive Date Requested:
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.
Table with 3 columns: 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 declined or cancelled, refused to be renewed or accepted only on special terms?
If yes, please provide a detailed narrative in the space provided below or on firm letterhead.
8. Please identify your legal professional liability insurance for the past five years.
Table with 6 columns: Company, Policy Period, Limits, Deductible, Premium, # of Attorneys

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18. 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 gross revenue or 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 * (BC)	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 * (EN)	Management %:		Defense %:
Environmental * (ER)	Other %:	Real Estate * (RE))	Other %:
	Plaintiff %:		Commercial %:
	Defense %:		Residential%:
Estate, Probate, Trust * (ES) (1)	Other %:	Securities * (SE)	Public Offering%:
	Est. Planning %:		Corp. Bonds %:
	Trust Admin. %:		Private Placemnt:
Family Law (FL) (2)	Other %:	Tax, Tax Opinions (TX)	Other %:
	Adoption %:		Personal %:
	Divorce %:		Corporate %:
Financial Institutions * (FI)	Other %:	Workers Compensation/Social Security (WC)	Other %:
	%:		Plaintiff %:
	Plaintiff %:		Defense %:
General Civil Litigation	Defense %:	Other (OT) (Describe):	Other %:
	Other %:		%:
	%:		%:
Immigration (IM)	%:		%:

* Indicates that completion of the corresponding Supplement is required.



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	<input type="checkbox"/> Computer	<input type="checkbox"/> Docket Clerk / Administrator	<input type="checkbox"/> Individual Attorney diaries	<input type="checkbox"/> Daily or weekly firm-wide circulation of master calendar	<input type="checkbox"/> Other Describe:
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24.	If the firm uses a computerized system to manage its docket and scheduling demands, please indicate which of the following describes that system:				
	<input type="checkbox"/> Updated daily	<input type="checkbox"/> Centralized / Firm wide	<input type="checkbox"/> All branch offices integrated	<input type="checkbox"/> Monitored by multiple individuals	<input type="checkbox"/> Tracks statuses of limitations
	<input type="checkbox"/> Data backed up / stored offsite				<input type="checkbox"/> Other Describe:
25.	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		
26.	How many suits for fees have been filed against clients in the last two years?				
27.	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. 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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 BEHALFOF 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) NO PAYMENT FOR CLAIMS OR CLAIM EXPENSES WILL BE PAID FOR ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR INTENTIONAL OMISSION

The following number of Supplemental Claim forms are enclosed with this application:	
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Wesco Insurance Company 800 Superior Ave East 21st Floor Cleveland, OH 44114

Signature of Officer or Partner of Firm

Title

Date

Print Name of Officer or Partner

Agency: Address: Phone: Fax:

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1. Full name of Applicant Firm: 2. Full name(s) of individual(s) of firm involved in claim: 3. Other defendants: 4. Name of potential/actual claimant(s): 5. Check whether: Incident claim lawsuit 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): 8. Court judgment, Out-of-court settlement, Dismissed, Arbitration award, Currently In Suit, Incident/Report Only 9. Insurer's claim reserve, Expense reserve, Expenses paid to date 10. 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?



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e. Does this claim or incident arise from an action to collect fees? Yes 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

Administered by: <i>USI Affinity 100 Matawan Road Suite 200 Matawan, NJ 07747</i>	Please Return Completed Application to: Mike Mooney, Vice President Mike.Mooney@usiaffinity.com Fax – 610.537.2057 Phone – 601.537.1441
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