



## **Lawyers' Liability Application Transmittal Sheet**

**Please submit this form with your new business application by fax to:  
Melissa Murphy at (508) 634-2930**

**Named Insured:** \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_

\*\*\*Please complete the following information. This will be the avenue in which  
The Number One Agency will contact you regarding the above-mentioned insured.

**Agency Name:** \_\_\_\_\_

**Agency Contact Name:** \_\_\_\_\_

**Contact's Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

**Agency Fax:** \_\_\_\_\_

Thank you for your interest in the Lawyers' Professional Liability Program offered by  
The Number One Insurance Agency.

Please contact Melissa Murphy with any questions regarding the submission process at  
(508) 634-7363 or mmurphy@massagent.com.

# Westport Insurance Corporation

## LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION CLAIMS-MADE AND REPORTED BASIS

- 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 7.
- 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:

- Sole Proprietor (Full Time)  Sole Proprietor (Part Time – less than 25 hours / week)  
 Partnership (DO NOT INCLUDE LLP)  Professional Corporation (DO NOT INCLUDE LLC)  
 Professional Association (all members applying for insurance)  LLC / LLP  
 Professional Association (all members **NOT** applying for insurance)  
 Other, **please specify:**

\_\_\_\_\_

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*	___ %	___ %

Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year	Area of Practice	Current Year	Prior Year
Consumer Law	___ %	___ %	Intellectual Property – Patent/ Trademark**	___ %	___ %	Real Estate/Title Agent – Residential*	___ %	___ %
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? If ‘yes’ and no coverage is desired for such entit(ies), please provide the name of and services rendered by the entit(ies).  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 25 hours/week) at applicant law firm?  Yes  No  
 B. What is the average weekly number 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? If yes, please provide details on a separate page.  Yes  No
7. Does applicant law firm provide any services other than legal, mediation/arbitration or title agent services? If yes, please provide details on a separate page.  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's exiting this line of business? If yes, please provide details on a separate page.  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.** If yes, please provide details on a separate page.  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? If yes, please provide details on a separate page.  Yes  No

**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 rests with the lawyer:
- E. How often are the dockets 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 is no, please provide a detailed explanation:**

4. A. Which conflict of interest avoidance systems 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
5. 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 firm's insurance history for the past five years:**

1.	Insurance Company	Limit \$ (Per Claim / Agg)	Deductible \$	Premium	Policy Period --/--/-- --/--/--	# of Lawyers Insured
					--/--/-- --/--/--	
					--/--/-- --/--/--	
					--/--/-- --/--/--	
					--/--/-- --/--/--	
					--/--/-- --/--/--	

- 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

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 **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.*

**Producer/Agency License #:** \_\_\_\_\_ **Licensing State:** \_\_\_\_\_