

Westport Insurance Corporation

LAWYERS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION ADDENDUM

Name of Applicant Firm: _____

Exp Policy #: _____ Expiring Policy Date: _____

RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED 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.**

1. 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.

2. 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): _____

3. A. Are you a corporate attorney/solo practitioner who only works part time (less than 10 hours/week) in private practice outside of your normal employment? Yes No

B. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? Yes No

C. 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. 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 _____

5. 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:

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6. 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
7. 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
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8. 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%).

Area of Practice	Current Year	Area of Practice	Current Year	Area of Practice	Current 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*	___ %
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*	___ %	Total must equal 100%	___ %

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

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

Signed: _____
Partner, Officer and/or Owner

_____ Title

Date: _____

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in this addendum that occur after the date of completion and before policy inception.

Westport Insurance Corporation

WESTPORT LAWYERS PROFESSIONAL LIABILITY COMPETITOR APPLICATION REPRESENTATION STATEMENT

Firm Name: _____

Effective Date Requested: _____

Re: Westport Insurance Corporation Application for Lawyers Professional Liability Insurance

The undersigned represents that I have reviewed the package of documents attached hereto in support of the application for professional liability insurance and that to the best of my /our knowledge, the information given in the _____ application dated _____ and attachments is/are unchanged since it was completed and signed, including supplemental information provided.

The undersigned represents that other than claims or potential claims already reported in the _____ application dated _____ and loss history attached, I / we are not aware of any claim and/or circumstances, act, errors, or omissions that could result in a professional liability claim. Any related claim or potential claim matters have been reported on all subsequent application and to the appropriate carrier.

The undersigned represents that the statements set forth in the above referenced documents 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 these documents in support of application shall become the basis of any coverage that may be issued by Westport Insurance Company.

The undersigned understands and agrees that:

- In lieu of requiring your law firm to complete a Westport Insurance Corporation New Business Application, Westport will use the above referenced documents attached hereto together with this Competitor Application Representation Statement in the underwriting of this account and will rely on the truth and accuracy of the information contained therein; and
- This document along with an approved carrier's current application and all supplements/attachments must be signed and dated by a named partner, officer and/or owner; and
- I / we hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation; and
- The completion of this Competitor Application Representation Statement does not bind Westport Insurance Corporation to issuance of an insurance policy.
- 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.

For your protection, the following Fraud Warning is required to appear in association with applications for insurance:

- 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 to **District of Columbia**: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- The following Fraud Warning applies to **Florida**: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- The following Fraud Warning applies in **Hawaii**: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- 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 to **New Mexico**: 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 civil fines and criminal penalties.
- The following Fraud Warning applies to **Maine/Virginia**: 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 **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 **New York**: 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 shall be subject to a civil penalty not to exceed five-thousand dollars and the stated value of the claim for each such violation.
- 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 to **Oregon**: 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 may be guilty of insurance fraud.
- 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 COMPETITOR APPLICATION REPRESENTATION STATEMENT MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER

Please print name of partner, officer and/or owner signing this Competitor Application Representation Statement:

Signed: _____
 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 document(s) in support of application for insurance that occur after the date of this application and before policy inception.

Submitting Insurance Producer: _____ Producer License No: _____

Please attach a copy of your current letterhead.