



Wesco Insurance Company  
800 Superior Ave, E.  
21<sup>st</sup> Floor  
Cleveland, OH 44114

**SMALL FIRM RENEWAL  
APPLICATION FOR LAWYERS PROFESSIONAL  
LIABILITY INSURANCE (1 – 5 LAWYERS)  
(Claims Made and Reported Policy)**

**Administered by:**  
<Insert Managing Agency name here>  
<Insert Managing Agency address here>  
<Insert Managing Agency address here>

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 OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT IN ORDER TO PRESERVE COVERAGE FOR SUCH INCIDENTS.

Firm: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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.	a. Is any member of the firm an officer, director, shareholder, member or exercise fiduciary control over an entity other than the applicant firm? <b>If yes, please complete an Outside Interest Supplement.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does any firm member have an equity interest in an outside entity? <b>If yes, please complete an Outside Interest Supplement.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is any firm member an employee of an outside entity? <b>If yes, please explain on firm letterhead.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Does any firm client make up more than 10% of firm billings? <b>If yes, please list all clients and percentage of the firm's gross receipts on firm letterhead and attach.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	In the last 12 months has any member of the firm provided legal services involving publicly traded securities or securities that are not exempt from registration? If yes, please explain in a separate attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	In the last 12 months has any member of the firm been involved in class action or mass tort litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does any firm member provide services to, or sit on the board of directors of, a financial institution? <b>If yes, please complete Financial Institution Supplement.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does any member of the firm provide legal services involving federal, state or municipal bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does any firm member practice part time? <b>If "yes", please confirm names and # of hours per week on firm letterhead.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	a. In the last 12 months, has any member of the firm become aware of any incident, facts, circumstances, acts or omissions that might result in a professional liability claim against the firm or predecessor firm? <b>If yes, has this been reported to the Company? A completed Claim Supplement must be provided.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. In the last 12 months, has there been any change in status of a claim or incident that was reported to a prior carrier? <b>If yes, a completed Claim Supplement must be provided for each claim or incident. Provide currently dated Loss Runs.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	In the last 12 months, has any member of the firm been the subject of any reprimand or disciplinary action or refused admission to the bar or any bar association, court or administrative agency? <b>If yes, please explain in detail on a separate attachment. Provide a copy of the complaining document and decision.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	In the last 12 months, has any professional liability claim been made or suit brought against the firm or predecessor firm or any member of the firm or predecessor firm? <b>If yes, has this been reported to the Company? A completed Claim Supplement must be provided.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Please complete the Firm Profile below for each attorney associated with your firm.	

Attorney Name	Position P, A, OC, I	Hire Date	Date First Admitted to State Bar	Ave. Hours/ Week	Areas of Practice

P = Partner/Owner/Member    A = Associate/Employee    OC = Of Counsel    I = Independent Contractor

11.	Total firm revenues last fiscal year: _____ Current fiscal year revenues: _____
12.	a. In the last 12 months, how many attorneys have left your firm?
	b. In the last 12 months, how many attorneys joined your firm? <b>NOTE: If you have not already done so, please complete a Mid Term New Lawyer Supplement for each new attorney.</b>
	c. Are all cases brought in by new attorneys from prior firms reviewed for potential conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. How many attorneys does the firm plan to add during the next 12 months?
	e. In the last 12 months, how many non-lawyer employees have left your firm?
	f. In the last 12 months, how many non-lawyer employees have joined your firm?
13.	Does your firm have a system for detecting and avoiding conflicts of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have any suits for fees have been filed against clients in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please complete the Fee Suits supplement.</b>
15.	a. Does the firm maintain a docket control system with at least two independent date controls? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is the docket control system maintained by two individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does the firm routinely use engagement and non-engagement letters? <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Do you share office space with other attorneys? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please complete the Office Sharing supplement.</b>
18.	Do you share any of the following with other attorneys? Letterhead <input type="checkbox"/> Cases <input type="checkbox"/> <b>If yes, please list all such lawyers on firm letterhead and describe their relationship to the firm.</b>
19.	If you are a sole practitioner, who handles your cases in the event of your incapacitation or vacation? <b>(Please Note: If a policy is issued in reliance upon this application, it shall not apply to the attorney noted below):</b> Name of backup attorney: _____

**FIRM AREAS OF PRACTICE (% of Revenues)**

AREA OF PRACTICE	%	AREA OF PRACTICE	%	AREA OF PRACTICE	%
Admiralty (AM)		Environmental* (ER)		Personal Injury Medical Malpractice* (PI)	
Antitrust (AT)		Estate / Planning* (ES)		Personal Injury Mass Tort, Class Action * (PI)	
Appellate (AP)		Estate / Trust Admin* (ES)		Personal Injury Products Liability* (PI)	
Arbitration/Mediation (ADR)		Family Law / Divorce (FL)		Personal Injury * (PI)	
Aviation		Family Law / Adoption (FL)		Real Estate Commercial* (RE)	
Bankruptcy* (BC)		Financial Institutions * (FI)		Real Estate Residential * (RE)	
Business Formation/M&A *(CF)		General Civil Litigation(GL)		Real Estate Title* (RE)	
Business Transactions *(CF)		General Practice (GP)		Real Estate Escrow* (RE)	
Civil Rights/Discrimination CR)		Health Care (HC)		Real Estate Syndication/Development* (RE)	
Collections Repossession/ Foreclosure * (CB)		Immigration & Naturalization (IM)		Securities* (SE)	
Commercial Litigation (GL)		Insurance Defense (ID)		Taxation, Tax Opinions* (TX)	
Communications/FCC		Intellectual Property* (IP)		Workers Comp / Soc Sec (WC/SS)	
Construction Law (CL)		International Law (IL)		Other/ Describe:	
Consumer Claims (CC)		Labor / Employment (LE)			
Criminal Defense (CD)		Municipal Law (ML)		<b>TOTAL MUST EQUAL:</b>	<b>100%</b>
Employee Benefits (EB)		Natural Resources/Oil & Gas (NR)			
Defense Litigation (DL)		Personal Injury Legal Malpractice* (PI)			
Entertainment/Agency*(EN)					

\* Completion of corresponding supplement is required

<b>(1) Estate/Trust/Probate.</b> In the last 24 months, please indicate the following:	
Average asset value of estates handled: _____	Highest asset value of estates handled: _____
Is any firm member a trustee of any client estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please complete an Outside Interest Supplement.</b>
<b>(2) Family Law.</b> In the last 24 months, please indicate the following:	
Average value of property settlement handled: _____	Highest value of property settlement handled: _____
Does any firm member provide any of the following services?	
<input type="checkbox"/> Surrogacy contracts <input type="checkbox"/> Ovum or sperm donation contracts <input type="checkbox"/> Embryo donation agreements	

## Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

**ALABAMA, ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA:** 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

**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 policyholder 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.

**DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**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 BEHALF OF 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) ANY COVERAGE OBTAINED BY FRAUD, MATERIAL MISREPRESENTATION OR OMISSION IS VOID.**

Signature of Officer or Partner of Firm	Title	Date	
Print Name			
<b>Agency:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Fax:</b>	