

# Westport Insurance Corporation

## NEW LAWYER APPLICATION

*This form must be completed when any lawyer joins the Firm.  
Forward to the Program Administrator in your state.*

Name of New Lawyer: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

### The following questions must be completed by the New Lawyer:

1. Position in Firm: (check one):  Officer /Director /Shareholder  
 Partner  
 Employed Lawyer  
 Of Counsel\*  
 Independent Contractor\*
2. Date Admitted to Bar (mm/yy): \_\_\_\_ / \_\_\_\_ Bar Number (primary state): \_\_\_\_\_
3. States Admitted: \_\_\_\_\_
4. Date of Hire (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Number of Continuing Legal Education hours attended in the past year: \_\_\_\_\_
6. Have you been continuously insured under a Lawyers Professional Liability policy for the last five (5) years or if you have been admitted to practice law in any state for less than five years since your date of admission?  Yes  No  
**If no**, provide the date continuous insurance coverage began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Check here if you have no current coverage.
7. Have you attended an Ethics/Loss Prevention/Risk Management Seminar this past year?  Yes  No
8. \*If you are an Of Counsel or Independent Contractor, answer the following questions:
  - A. What is the average number of weekly hours you will spend working on behalf of the Insured Firm? \_\_\_\_\_
  - B. Do you carry separate E&O coverage?  Yes  No
9. A. Are all firms with which you have practiced within the last five years still in existence?  Yes  No  
B. **If no**, was an extended reporting period endorsement purchased?  Yes  No  
If an ERP was purchased provide effective dates: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
10. During the last 5 years, have you been insured by Westport Insurance Corporation?  Yes  No

11. Are you an employee of any organization other than the Named Insured firm?  Yes  No

**If yes, please provide details.** \_\_\_\_\_

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12. Have you been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against you by any court or administrative agency?  Yes  No

**If yes, please provide details including dates and current disposition.** \_\_\_\_\_

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13. Have you ever had any application for Lawyers Professional Liability Insurance declined, cancelled or non-renewed?  Yes  No

**If yes, please provide details, including name of carrier, dates and reason for this action.** \_\_\_\_\_

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14. Have any claims or suits been made against you for services you performed during the past five (5) years?  Yes  No

**If yes, complete a Claim Information Supplement.**

15. Are you aware of any circumstance, act, error, omission or personal injury **which might be expected** to be the basis of a claim or suit against you?  Yes  No

**If yes, complete a Claim Information Supplement.**

16. Do you act as a director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over, or hold any equity interest in any business enterprise other than the Named Insured firm?  Yes  No

**If yes, complete the Outside Interest Supplement.**

17. State your area of practice specialty (ies): **Check all that apply.**

- Intellectual Property
- Securities
- Commercial Real Estate
- Plaintiff
- Other, **please specify:**

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**The following questions must be completed by an owner, officer or partner of the Named Insured firm:**

18. Based upon the billable hours projected for this new lawyer, will the firm's areas of practice change?  Yes  No

If yes, explain: \_\_\_\_\_

19. Does the law firm want to provide coverage under this policy for this attorney's services on behalf of the Named Insured firm?

Yes. The Named Insured firm desires to extend coverage for services rendered while this lawyer was associated with any prior law firm(s). A premium assessment may be made for any extension of coverage.

Yes. The Named Insured firm desires to limit coverage to services rendered only on behalf of the firm and, therefore, the date of hire will be the limiting prior acts date for this new lawyer.

Yes. The Named Insured firm desires to extend coverage for services rendered after an individual retroactive date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

No. The firm does not wish to provide coverage for this attorney's services under the current policy.

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.

I hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation. 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**

Print name of partner, officer and/or owner signing form: \_\_\_\_\_

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.*