

**LAWYERS PROFESSIONAL LIABILITY INSURANCE INDICATION FORM
CLAIMS-MADE AND REPORTED BASIS**



Coverage underwritten by Westport Insurance Corporation, a member of the Swiss Re Group.

Firm Name: _____
Contact: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **E-Mail:** _____ **Website:** _____

Current Coverage:
Expiration Date: _____ Current Carrier: _____ Current Limits: _____ Deductible: _____
Current Premium: \$ _____ Date Firm Established: _____ Prior Acts Date: _____

Personnel – List all Lawyers to be insured. (Include yourself if you are a sole proprietor).

Lawyer's Name	Position ¹	Date of Hire	Date First Admitted	States Admitted	Retroactive (Prior Acts) Coverage

¹ S = sole proprietor; P = Partner; O = Officer / Director / Shareholder; E = Employed Lawyer; OC = Of Counsel; IC = Independent Contractor

For each OC / IC, indicate average hours worked per week for the applicant and if the attorney has separate malpractice coverage on a separate page.

Provide the percentage of gross revenue. (Must total 100%)

Administrative Law	%	Family Law	%	Natural Resources / All Other Services	%
Admiralty	%	Financial Institution	%	Pension and Employee Benefits	%
Antitrust / Trade	%	Financial Planning	%	Personal Injury and Negligence - Defense	%
Civil Rights / Discrimination	%	Government Contracts / Relations	%	Personal Injury and Negligence - Plaintiff	%
Collection / Bankruptcy	%	Healthcare	%	Plaintiff - Class Action / Mass Tort	%
Commercial and Business Litigation – Defense	%	Insurance, Excluding Coverage Opinions	%	Real Estate - Residential / Other than Title	%
Commercial and Business Litigation - Plaintiff	%	Insurance, Coverage Opinions	%	Real Estate - Residential / Title	%
Construction Law	%	Intellectual Property – Patent / Trademark	%	Real Estate - Commercial / Other than Title	%
Consumer Law	%	Intellectual Property - Copyright	%	Real Estate - Commercial / Title	%
Corporate and Business Transactions	%	International Law	%	Securities Law (incl. bonds, private placements, and ltd. partnerships)	%
Criminal	%	Labor Management Representation	%	Taxation - Opinions	%
Employment Law - Defense	%	Labor Management Labor Representation	%	Taxation – Other	%
Employment Law - Plaintiff	%	Lobbying	%	Workers Compensation – Defense	%
Entertainment / Sports	%	Mediation / Arbitration	%	Workers Compensation – Plaintiff	%
Environmental Law	%	Mergers and Acquisitions	%	Other: _____	%
Estate / Probate / Trust	%	Natural Resources / Title and Title Opinions	%		
TOTAL (must equal 100%)					100 %

Docket (Calendar) Control System: How many independent controls? _____

Do you have a computerized case management system? Yes No

Engagement for all new clients Engagement for new matters / existing clients Non-engagement Disengagement

Conflict of interest: Memory Only Index File Computer

Fee suits in past year: _____

Number of full time non-attorney support staff: _____ Number of part time non-attorney support staff: _____

Wholly-owned Title Agency or mediation / arbitration firm to be included in coverage? Yes No

Claim/suit in past five years? Yes No

Potential claim? Yes No

Pending disciplinary or any disciplinary finding? Yes No

Prior non-renewal, declination or cancellation? Yes No

Limits requested: _____ Deductible requested: _____

Signed: _____
Owner, Officer or Partner

_____ Title

_____ Date