

LAWYERS PROFESSIONAL LIABILITY INSURANCE

NEW APPLICATION

Subject to its terms and conditions, a policy issued based on this application will provide coverage for **ONLY**:

- Claims first made against the insured **and** reported in writing to Wisconsin Lawyers Mutual Insurance Company (WILMIC) during the policy period of this policy.
- Potential claims of which the insured first became aware **and** reported in writing to WILMIC during the policy period of this policy.

INTRODUCTION

You must report claims and any circumstances that could become the basis of a claim to your present insurer within the time period specified in your present policy.

You must report to WILMIC any changes in the information provided herein that occur after the date you sign this application.

PART I - APPLICANT INFORMATION

Desired Policy Effective Date: _____
Month/Day/Year

Firm Name: _____

Street Address: _____

Suite Number: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ Year Firm Established: _____

Firm Website: _____

Organizational Structure of Applicant: (Please check one.)

- | | |
|---|--|
| <input type="checkbox"/> Individual (Sole Proprietor) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company (LLC) |
| | <input type="checkbox"/> Professional Service Corporation (SC) |

Number of firm's staff, excluding lawyers: _____ (law clerks, paralegals, secretaries, etc.)

PART II - LAWYER INFORMATION

Please use the following designations for lawyers for whom you are requesting coverage:

“O” Officer, Director or Shareholder
 “P” Partner
 “S” Sole Proprietor

“E” Employed Lawyer/Associate
 “PT” Part-time Lawyer

Name of Lawyer (First, M.I., Last)	Designation	Year Admitted to WI Bar	Total Years in Practice	WI State Bar Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Does any lawyer employed by your firm and named in this application **work less than full-time**? Yes No
 If yes, please indicate a “PT” designation above and provide:

Name of Lawyer	Hours worked per Month	Type of Work Performed
_____	_____	_____
_____	_____	_____

2. Is coverage requested for any retired or non-practicing lawyer previously affiliated with your firm? Yes No
 If yes, please provide:

Name of Lawyer (First, M.I., Last)	Years Affiliated with your Firm
_____	_____
_____	_____

3. Provide the names of predecessor firms for the past 10 years: N/A

Include those firms where at least 50% of the lawyers in that firm are affiliated with your firm. Include dates established and the number of lawyers.

4. During the past five years, has any lawyer named in this application joined your firm? Yes No
 If yes, please provide the name of the lawyer(s), the date(s) they joined your firm, the name(s) of previous law firms for the past five years, the years with each law firm and the professional liability insurance carrier(s), policy effective dates and limits of liability:

5. Does any lawyer named in this application serve as an officer, director or trustee of any entity that is also a client of your firm? Yes No
 If yes, please explain:

PART II - LAWYER INFORMATION CONTINUED

6. Does any lawyer named in this application hold any stock or have any financial interest in any institution that is also a client of your firm? Yes No

If yes, please explain:

7. Is any lawyer named in this application affiliated with any other law partner, associate or employed lawyer other than those named in this application? Yes No

If yes, please explain:

8. During the past six years, has any lawyer named in this application represented clients on their legal matters outside the state of Wisconsin (regardless of licensure)? Yes No

If yes, please provide:

Name of Lawyer	State Name(s)	Area(s) of Law	Percentage of Time Spent Annually
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

9. During the past 10 years, has any lawyer named in this application been refused admission to practice, reprimanded, disbarred or suspended (including voluntary suspension) by any court or administrative agency? Yes No

If yes, please explain:

PART III - NATURE OF PRACTICE

1. Please indicate the percentage of time spent in each area of law during the last fiscal year or anticipated for the next fiscal year:

- | | |
|---|--|
| <input type="text"/> % Admiralty | <input type="text"/> % Financial Institutions (Banks, S&Ls) |
| <input type="text"/> % Adoption | <input type="text"/> % Governmental Contracts and Claims |
| <input type="text"/> % Antitrust | <input type="text"/> % Guardian ad Litem |
| <input type="text"/> % Arbitration/Mediation | <input type="text"/> % Immigration and Naturalization |
| <input type="text"/> % Bankruptcy/Collections | <input type="text"/> % International Law |
| <input type="text"/> % BI/PI Defendant | <input type="text"/> % Labor Law |
| <input type="text"/> % BI/PI Plaintiff | <input type="text"/> % Landlord/Tenant |
| <input type="text"/> % Business Transactions/Commercial Law | <input type="text"/> % Local Government |
| <input type="text"/> % Civil Rights and Discrimination | <input type="text"/> % Natural Resources |
| <input type="text"/> % Construction (Building Contracts) | <input type="text"/> % Patents, Trademarks, Copyrights * |
| <input type="text"/> % Consumer Claims | <input type="text"/> % Real Estate |
| <input type="text"/> % Corporate and Business Organization | <input type="text"/> % Securities (Federal/State) * |
| <input type="text"/> % Criminal Defense | <input type="text"/> % Social Security Disability |
| <input type="text"/> % Elder Law | <input type="text"/> % Taxation |
| <input type="text"/> % Environmental Law | <input type="text"/> % Traffic |
| <input type="text"/> % Estate/Probate/Trust | <input type="text"/> % Workers Compensation Defendant |
| <input type="text"/> % Fair Debt Collection Practices Act (FDCPA) | <input type="text"/> % Workers Compensation Plaintiff |
| <input type="text"/> % Family Law | <input type="text"/> % Other (please explain if more than 10%) |
| | 100 % |

* Please complete an Intellectual Property (IP) Supplemental Application and/or a SEC Supplemental Application available at wilmic.com ⇨ Apply for Insurance ⇨ Application Forms.

PART III - NATURE OF PRACTICE CONTINUED

2. Does your firm have any one client or group of related client accounts that produces more than 10% of your firm's gross income? Yes No

If yes, please explain the type of professional services rendered and percentage of gross income for each client:

3. Does your firm have office sharing arrangements with any other law firm or any other lawyer who is not named in this application? Yes No

If yes, please provide the name of each law firm or lawyer:

PART IV - GRIEVANCE, CLAIM OR POTENTIAL CLAIM INFORMATION



1. During the past 10 years, has your firm or any lawyer named in this application been the subject of any grievance submitted to any court, administrative agency or lawyer disciplinary body, regardless of the status or outcome? Yes No

If yes, please provide the name of each person/entity making a grievance and complete WILMIC's Supplemental Reporting Form available at wilmic.com  Apply for Insurance  Application Forms.

Person/Entity Making Grievance (First, M.I., Last)

Person/Entity Making Grievance (First, M.I., Last)

2. During the past 10 years, have there been any claims made against your firm or any lawyer named in this application? Yes No

If yes, please provide the claimant name involved in each claim and complete WILMIC's Supplemental Reporting Form available at wilmic.com  Apply for Insurance  Application Forms. Do not attach copies of any related documents.

Claimant Name (First, M.I., Last)

Claimant Name (First, M.I., Last)

3. Is any lawyer named in this application aware of any circumstance, act, error or omission that a reasonably prudent lawyer might expect to become the basis of a claim, potential claim or grievance, regardless of its merits? Yes No

If yes, please provide the potential claimant name involved in each matter and complete WILMIC's Supplemental Reporting Form available at wilmic.com  Apply for Insurance  Application Forms

Potential Claimant Name (First, M.I., Last)

Potential Claimant Name (First, M.I., Last)

PART V - INSURANCE HISTORY

1. For each of the past five years, please list lawyers professional liability insurance carried by your firm:

Inception	Expiration	Insurance Company	Limits Each Claim/Aggregate	Deductible
From _____	To _____	_____	_____/_____	_____
From _____	To _____	_____	_____/_____	_____
From _____	To _____	_____	_____/_____	_____
From _____	To _____	_____	_____/_____	_____
From _____	To _____	_____	_____/_____	_____

If your firm did not obtain insurance, please explain:

2. During the past 10 years, has your firm, its predecessors or any lawyer named in this application had any professional liability insurance declined, canceled or non-renewed? Yes No
 If yes, please explain:

3. Has your firm or any lawyer named in this application ever purchased extended claims reporting period coverage, sometimes referred to as "tail" coverage? Yes No
 If yes, please provide explanation of the coverage obtained:

4. Does your firm or any lawyer named in this application have a current policy that restricts prior acts coverage in any manner, such as with a retroactive date or prior acts exclusion? Yes No
 If yes, please explain:

PART VI - COVERAGE

1. Check the limits of liability for which you would like premium quotations. (You may select more than one.)

- \$100,000 each claim/\$300,000 aggregate
- \$250,000 each claim/\$750,000 aggregate
- \$500,000 each claim/\$1,000,000 aggregate
- \$1,000,000 each claim/\$2,000,000 aggregate
- \$2,000,000 each claim/\$2,000,000 aggregate
- \$3,000,000 each claim/\$3,000,000 aggregate
- \$4,000,000 each claim/\$4,000,000 aggregate
- \$5,000,000 each claim/\$5,000,000 aggregate
- \$6,000,000 each claim/\$6,000,000 aggregate
- \$7,000,000 each claim/\$7,000,000 aggregate
- \$8,000,000 each claim/\$8,000,000 aggregate
- \$9,000,000 each claim/\$9,000,000 aggregate
- \$10,000,000 each claim/\$10,000,000 aggregate

2. Check the per claim deductibles for which you would like premium quotations. (You may select more than one.)

- \$1,500
- \$2,500
- \$5,000
- \$7,500
- \$10,000
- \$15,000
- \$25,000
- \$50,000

PART VI - COVERAGE CONTINUED

For an explanation of the supplemental coverages below, please go to *wilmic.com* ⇨ **Apply for Insurance**
⇨ **Explanation of Supplemental Coverages**. These supplemental coverages are only provided by an endorsement to the policy.

3. Do you request coverage for abstracter and title insurance agent work? Yes No N/A
If yes, please complete an Abstracter & Title Insurance Agent Supplemental Application available at *wilmic.com*
⇨ Apply for Insurance ⇨ Application Forms.
4. Do you request coverage for securities work? Yes No N/A
If yes, please complete a SEC Supplemental Application available at *wilmic.com* ⇨ Apply for Insurance
⇨ Application Forms. (Coverage is available for an additional premium.)
5. Do you request defendants reimbursement coverage? Yes No
(Coverage is available for an additional premium.)

REPRESENTATION FOR NEW APPLICATION:

I, on behalf of the firm and all lawyers named in this application, affirm that the information contained herein is true to the best of my knowledge and that it shall be the basis of the policy of insurance and deemed incorporated in the policy, should WILMIC evidence acceptance of this application by issuance of a policy. I acknowledge my continuing duty to inform WILMIC of any changes to the information provided in this application before the effective date of a new policy.

I hereby authorize the release of claim information from any prior insurer to WILMIC.

PART IV – GRIEVANCE, CLAIM OR POTENTIAL CLAIM INFORMATION has been reviewed and answered by each lawyer named in this application.

All information in this application has been reviewed and is certified to be correct.

Signature of Owner, Partner or Officer of the Firm

Date

Printed Name