



725 Heartland Trail, Suite 300
Madison, WI 53717

Wisconsin Toll Free: 800.373.3839
Office: 608.824.1700
Fax: 608.824.1701
E-mail: wilmic@wilmic.com
Web Site: www.wilmic.com

LAWYERS PROFESSIONAL LIABILITY INSURANCE

New Application

This Application is for a Claims Made and Reported Insurance Policy

INTRODUCTION

Because claims made and reported policies expire each year, it is critical that you report claims, claim incidents and potential claims promptly to your present professional liability insurance company and before your policy year expires.

Please complete each part and sign all pages.

PART I - APPLICANT INFORMATION

Desired Policy Effective Date: _____ / _____ / _____
Month Day Year

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____ Federal Tax I.D. No.: Not Applicable

Year Firm Established: _____

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.) _____

This page has been reviewed and is certified to be correct.

(signature of partner or officer of the firm)

(date)

PART II - LAWYER INFORMATION

Use the following designations:

- “O” Officer, Director, or Shareholder
- “P” Partner
- “S” Sole Proprietor
- “E” Employed lawyer
- “C” Of Counsel or Part-time lawyer

Lawyers’ Names	Designation	Year Admitted to Wis. Bar	Years in Practice	State Bar Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. If any lawyer in your firm is designated Of Counsel or Part-time (C), please provide:
 a. name of lawyer: _____ b. hours worked per month: _____
 c. 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 the name of the lawyer and years affiliated with your firm: _____

3. Provide the names of predecessor firms for the past 10 years: _____

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

4. For all lawyers named in this application who joined your firm during the past five years, please provide their names, the dates they joined your firm, the name of each firm with whom they were affiliated during the past five years, the years they were affiliated with each firm, and their professional liability insurance history. Please attach.

5. For any lawyer named in this application, who is a former shareholder or partner in any previous law firm, is the lawyer aware of any professional liability claim or any claim incident, act or omission in any previous firm that a reasonably prudent lawyer might expect to be the basis of vicarious liability to this lawyer?
 Yes Please attach explanation. No Not Applicable

6. Does any lawyer named in this application serve as an officer or director of any institution that is also a client of your firm?
 Yes Please attach explanation. No

7. 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 Please attach explanation. No

8. Is there any lawyer named in this application affiliated with any other law partner, associate or employed lawyer other than those named in this application?
 Yes Please attach explanation No

9. Does your firm have office sharing arrangements with any other law practice 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: _____

This page has been reviewed and is certified to be correct.

_____ (signature of partner or officer of the firm) _____ (date)

PART III - NATURE OF PRACTICE

1. Indicate the percentage of gross income generated in your last fiscal year attributable to:

_____ % Bankruptcy/Collections	_____ % Financial Institution Work (Banks, S&Ls)
_____ % BI/PI Defendants	_____ % Guardian ad Litem
_____ % BI/PI Plaintiffs	_____ % Labor Law
_____ % Business Transactions/Commercial Law	_____ % Local Government
_____ % Corporate and Business Organization	_____ % Real Estate
_____ % Criminal	_____ % Securities (Federal/State)*
_____ % Estate/Probate/Trust	_____ % Taxation
_____ % Environmental Law	_____ % Traffic
_____ % Family Law	_____ % Other (please attach explanation if more than 10%)
	100%

* Please request an SEC Supplemental Application if your firm desires coverage for securities work. The basic policy excludes coverage for securities work unless specifically added by endorsement.

2. Does your firm have any one client or group of related client accounts that produces more than 10 percent of your firm's gross income? Yes No
If yes, please attach explanation of the type of professional services rendered for each client.
3. Does any lawyer named in this application represent clients on their legal matters outside the state of Wisconsin (regardless of licensure)? Yes No
If yes, please describe: _____

PART IV - CLAIM OR POTENTIAL CLAIM INFORMATION

1. During the past 10 years have there been any claims made against your firm or any lawyer named in this application? Yes No
If you answered yes, please complete a Supplemental Claim Form for each claim.
Do not attach copies of any related documents.
2. Is any lawyer named in this application aware of any professional liability claim or any claim incident, act or omission or wrongful act that a reasonably prudent lawyer might expect to be the basis of a claim? Yes Please attach explanation. No
3. During the past 10 years:
- a. has any lawyer named in this application been the subject of any grievance submitted to any court, administrative agency or lawyer disciplinary body? Yes No
If yes, please complete Grievance Reporting Form.
- b. 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 Please attach explanation. No

Part IV has been reviewed by each lawyer named in this application and this page has been reviewed and is certified to be correct.

(signature of partner or officer of the firm)

(date)

PART V - INSURANCE HISTORY

1. a. List lawyers professional liability insurance carried by each lawyer named in this application for each of the past five years. If **none**, state **none**. If insurance coverage was through another law firm, only list the firm name and dates of employment.

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

- b. If insurance was not obtained, please attach explanation.
2. During the past 10 years, have any of the following actions been taken in response to any application for professional liability insurance for your firm, its predecessors or any lawyer named in this application?
 Yes No If yes, please check all that apply and attach explanation:
 Coverage Declined Coverage Canceled Coverage Non-Renewed
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 attach explanation of the coverage obtained.

PART VI - COVERAGE

1. Check the limits of liability for which you would like premium quotations. (You may select more than one.)
- | | |
|---|---|
| <input type="checkbox"/> \$100,000 each claim/\$300,000 aggregate | <input type="checkbox"/> \$4,000,000 each claim/\$4,000,000 aggregate |
| <input type="checkbox"/> \$250,000 each claim/\$750,000 aggregate | <input type="checkbox"/> \$5,000,000 each claim/\$5,000,000 aggregate |
| <input type="checkbox"/> \$500,000 each claim/\$1,000,000 aggregate | <input type="checkbox"/> \$6,000,000 each claim/\$6,000,000 aggregate |
| <input type="checkbox"/> \$1,000,000 each claim/\$2,000,000 aggregate | <input type="checkbox"/> \$7,000,000 each claim/\$7,000,000 aggregate |
| <input type="checkbox"/> \$2,000,000 each claim/\$2,000,000 aggregate | <input type="checkbox"/> \$8,000,000 each claim/\$8,000,000 aggregate |
| <input type="checkbox"/> \$3,000,000 each claim/\$3,000,000 aggregate | <input type="checkbox"/> \$9,000,000 each claim/\$9,000,000 aggregate |
| <input type="checkbox"/> \$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 \$75,000 \$100,000
3. Do you request coverage for your abstracter and title insurance agent work? Yes No N/A
 (Coverage is not included unless this endorsement is attached.)
4. Do you request coverage for your securities work? Yes No N/A
 (Coverage is specifically excluded unless this endorsement is attached.)
5. Do you request defendants reimbursement coverage? Yes No
 (Coverage is available for an additional premium.)

This page has been reviewed and is certified to be correct.

 (signature of partner or officer of the firm)

 (date)

Please review that:

- All pages of this application were signed by a partner or officer of the firm.
- All lawyers named in this application have reviewed Part IV - Claim Information on page three.
- A copy of your firm's stationery and copies of all stationery on which the name of your firm or any lawyer named in this application appears are attached to this application. Your cover letter will suffice, if it is the only stationery on which these names appear.
- Any claim or claim incident of which any lawyer is aware and has not been previously reported in writing is reported to your present professional liability insurance company.
- An SEC Supplemental Application was completed if your firm desires coverage for securities work.
- An Abstracter and Title Insurance Agent Supplemental Application was completed if your firm desires coverage for abstracter and title insurance agent work.

Representation 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 therein, should WILMIC evidence acceptance of this application by issuance of a policy. I hereby authorize the release of claim information from any prior insurer to WILMIC.

All pages have been reviewed and are certified to be correct.

(signature of partner or officer of the firm)

(date)