



Worldwide Facilities, Inc.
www.WWFI.com

**LAW FIRMS
ERRORS & OMISSIONS APPLICATION**

APPLICANT'S INFORMATION:

LEGAL NAME OF FIRM:			
BUSINESS ADDRESS:			
COUNTY:		WEB ADDRESS:	
DATE FIRM ESTABLISHED:		DATE PRESENT OWNERSHIP ASSUMED CONTROL:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PA/PC <input type="checkbox"/> Franchise			

Insurance History:

1. Current Insurer _____ Deductible \$ _____
Expiration Date _____ Expiring Premium \$ _____
Is Current Carrier willing to Renew? No Yes
Retroactive Date (Prior Acts) _____ **If requesting prior acts coverage you must provide a copy of your current insurance declaration page and complete the Prior Acts Coverage Supplement Application.**

2. Requested Limits: \$100,000/\$300,000 \$500,000/\$500,000
 \$300,000/\$600,000 \$1,000,000/\$1,000,000
 Other \$ _____ / \$ _____
Requested Deductible (Per Claim): \$2,500 \$5,000 \$10,000 Other _____

3. A. Complete the following for all lawyers in the Firm, independent contractor lawyers and "Of Counsel" lawyers:

Lawyer Name	CLE Hours Past Year	D/C*	Date Admitted to Bar (Mo-Yr)	Years in Private Practice	Lawyer's Primary Area of Practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

* Designation Code

O Officers, Directors or Shareholders of the Corp. who are licensed as Lawyers **E** Employed Lawyers
S Sole Proprietor **C** "Of Counsel" Lawyers **P** Partners of Partnership **I** Indep. Contractor Lawyers

B. Are "Of Counsel" carrying their own E&O? No Yes

C. Give the number of employees and/or support staff utilized:
Law Clerks _____ Investigators _____ Abstractors _____ Title Agents _____ Accountants _____ Certified Paralegals _____ Clerical/ Secretarial _____

D. Please attach the following:
 Copy of firm letterhead
 Copy of five (5) years hard copy loss runs
 Copy of current declaration page (if requesting prior acts coverage)

4. Does any lawyer listed above practice in this Firm less than 40 hours per week? No Yes
If "Yes," to which attorney(s) does this apply? _____ No. of Hours _____

5. Total gross billings: a. Latest Fiscal Year: \$ _____
b. Projected Next Fiscal Year: \$ _____

6. Please indicate types of Docket Control Systems currently used:
 Single Calendar Dual Calendar Computer Master listing Tickler cards Other

7. a. How many individuals in firm are involved in Monitoring Deadlines? _____

b. How frequently are deadlines checked? Daily Weekly Monthly Other

c. Does someone other than the attorney handling the case have primary responsibility for maintaining the docket calendar? No Yes

8. Is it the firm's standard practice to use engagement letters when agreeing to represent a claim? If "No," please provide an explanation: _____

9. Is it the firm's standard practice to use non-engagement letters when refusing to represent a client? If "No," please provide an explanation: _____

10. Is any lawyer or employee listed above licensed or operating as any of the following: (% of Total Time Spent)
Accountant _____% Escrow Agent _____% Insurance Agent/Broker _____%
Mortgage Broker/Lender _____% Real Estate Agent/Broker _____% Title Abstractor/Searcher _____%
Title Agent _____%

Do you understand that your insurance coverage does not cover acts related to these operations unless specifically endorsed? No Yes

11. a. How does the firm maintain its conflict of interest avoidance system? (check all applicable)
____Computer ____Index File ____Conflict Committee ____Other -please describe: _____

b. How often is the conflict of interest system updated?
____Daily ____Weekly ____Monthly ____Other (describe) _____

c. Does the conflict of interest system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? No Yes

d. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? No Yes
If "No," please explain: _____

**PLAINTIFF LITIGATION
 ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION**

PLEASE COMPLETE THE FOLLOWING ONLY IF ACTING AS PLAINTIFF'S REPRESENTATIVE AS NOTED ON THE SUPPLEMENTAL APPLICATION.

1. Describe the types of cases handled with percentages for each, to total 100%:
- | | |
|---------------------------|--------------------------------|
| Auto Related _____% | Medical Malpractice _____% |
| Admiralty _____% | Products Related Injury _____% |
| Aviation _____% | Toxic Tort _____% |
| Asbestos _____% | Sexual Harassment _____% |
| Bodily Injury _____% | Tobacco _____% |
| (non-medical malpractice) | Veterans Issues _____% |
| Breast Implant _____% | Workers Compensation _____% |
| Discrimination _____% | Wrongful Death _____% |
| General Liability _____% | Other (describe): _____ |

2. What is the Firm's average litigation case load per year? _____

3. What percentage of the Firm's litigation cases are settled before trial? _____%

4. What percentage of the Firm's litigation cases are tried to a verdict? _____%

5. What percentage of the Firm's litigation cases are handled on a contingency fee basis? _____%

6. What is the estimated average dollar size of judgments, awards and settlements \$ _____ in the litigation cases handled by the Firm?

7. What is the largest judgment, award or settlement in a litigation case achieved \$ _____ by the Firm in the past five years?

8. Does the firm take litigation case referrals from other law firms? No Yes

If "YES," please indicate the approximate number of cases and the types involved:

9. Does the firm refer cases to other law firms? No Yes

If "YES," please indicate the approximate number of cases and the type involved:

10. Has the firm been involved in any class action plaintiff cases within the past five years? No Yes

If "Yes," please complete a Colony Class Action/Mass Tort supplemental application.

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

 Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm.)

PRIOR ACTS COVERAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

Address: _____

1. Are procedures in place that require the documentation of alleged wrongful acts/incidents with a contemporaneous written report? No Yes

2. Are such incident reports maintained in a central location? No Yes

If "No," describe record maintenance procedures: _____

3. Name and Title of the person responsible for maintenance of incident report records: _____

4. Total number of wrongful acts/incidents recorded from _____(retroactive date on existing policy) until _____(today's date)? _____

5. How many of these incidents have been reported to your current or former insurance carrier? _____

6. How many of these incidents have NOT been reported to any insurance carrier? _____

7. What criteria do you use to determine whether or not to report an incident to your current insurance carrier? _____

8. Are you or any of your officers, managers, partners or directors aware of any incidents for which no incident report has been completed? No Yes

If "Yes," how many such undocumented incidents have there been from _____(retroactive date) until _____(today's date)? _____

9. On a separate sheet of paper please describe each undocumented wrongful act/incident including a description of the accident, date, witness, types of injuries, name of injured persons, etc.

10. Attach copy of expiring policy declarations page.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature Title Date

***SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.**



INDIVIDUAL LAWYER
AREA OF PRACTICE SUPPLEMENTAL APPLICATION

1. Firm Name: _____

2. Attorney Name: _____

3. Date of Birth: _____ 4. SSN#: _____

5. Date of Hire: _____ 6. E-mail address: _____

7. Status: [] Owner [] Employee [] Of Counsel

8. Do you practice part time? [] No [] Yes

If yes, average # of hours per week: _____ and length of time you have been working these hours _____

9. Estimate the percentage of hours per week you work in each area of practice. (NOTE: Must total 100%)

- List of practice areas with percentage input fields: Admiralty & Marine, Agent Practice/Entertainment, Business Formation, Business Transactions - General, Civil Litigation - General, Commercial & Corp. General Lit. - Defense, Commercial & Corp. General Lit. - Plaintiff, Corporate Finance, Creditor/Debtor Rights & Collections, Criminal Defense, Defense Lit. - Insurance Carrier Represent., Elder Law, Employee Benefit Plans, ERISA, Employment Law - Employee Rep., Employment Law - Management Rep., Employment Law - Union Rep., Environmental Regulatory, Estate & Probate - General, Estate Planning & Trust Administration, Family Law/Juvenile Rights, Immigration, Intellectual Property, Investment Advice, Mediation, Arbitration, Mergers & Acquisitions, Municipal - General (not finance), Municipal Finance or Bonds, Oil & Gas, Mineral Rights, Other (if more than 5%, explain), Plaintiff Lit. - Class Action, Plaintiff Lit. - Legal Malpractice, Plaintiff Lit. - Medical Malpractice, Plaintiff Lit. - Personal or Bodily Injury, Plaintiff Lit. - Social Security, Work Comp., Public Utilities (not finance), Real Estate Finance, Real Estate - Residential, Real Estate - Commercial, Schools & Education, Securities/Private Plc./Public Regis. # of investors, Tax Preparation - Individual, Taxation (excluding estate tax and individual tax prep.)

10. Does the attorney know of any incident, act, error or omission that could result in a claim or suit against the firm or any predecessor firm or any of the current or former members of the firm? [] No [] Yes

(If yes, please complete the Claim Supplement and provide currently valued company loss runs.)