

# Westport Insurance Corporation

## SUPPLEMENTAL AREA OF PRACTICE QUESTIONS FOR LAWYERS

**Applicant Instructions:**

- Answer all questions in ink. If answer is none, state "none."
- If space is insufficient to answer all questions fully, use separate sheets of paper.

**PLAINTIFF SUPPLEMENTAL QUESTIONS**

*If any of the Applicant's practice is Plaintiff, the Applicant must complete this section.*

1. Please indicate the percentage of plaintiff's work devoted to the following specialties.

Admiralty	_____ %	Medical Negligence	_____ %	Commercial/Business	_____ %
Aviation	_____ %	Non-Medical Professional Liability	_____ %	Employment Law	_____ %
Asbestos	_____ %	Products Liability	_____ %	Personal Injury/Property Damage	_____ %
Tobacco	_____ %	Pharmaceutical	_____ %	Other (please specify): _____	_____ %
Other Toxic Torts	_____ %	Workers' Compensation	_____ %	TOTAL	<u>100</u> %

2. Does any of the indicated work include class action suits? **If yes, please provide details.**  Yes  No
3. What is the average dollar value of cases closed during the last twelve months?  
 Less than \$25,000.                       \$100,000. - \$499,999.                       \$1,000,000. or more  
 \$25,000. - \$99,999.                       \$500,000. - \$999,999.
4. What is the largest verdict or settlement achieved by the firm in the last five years?  
 \$1,000,000. or less                       More than \$1,000,000. and less than \$5,000,000.                       \$5,000,000. or more
5. How many lawyers are in plaintiff practice? \_\_\_\_\_
6. What is the average number of cases an individual attorney handles per year? \_\_\_\_\_
7. In the last twelve months, what percentage of cases did the firm:  
 Reject \_\_\_\_\_ %                      Accept & Settle Before Trial \_\_\_\_\_ %  
 Accept & Still Pending \_\_\_\_\_ %                      Accept & Try to Conclusion \_\_\_\_\_ %
8. Does the Applicant accept cases venued outside the state(s) in which the firm has office(s)?  N/A  Yes  No
9. Does the Applicant use written referral agreements in all cases that are referred **by** the firm?  N/A  Yes  No
10. Does the Applicant use written referral agreements in all cases that are referred **to** the firm?  N/A  Yes  No
11. Does the Applicant obtain certificates of insurance in all cases that are referred **by** the firm?  N/A  Yes  No
12. Does the Applicant obtain certificates of insurance in all cases that are referred **to** the firm?  N/A  Yes  No
13. Does the Applicant split fees? **If yes, please provide details.**  Yes  No

14. Indicate all methods by which the Applicant has advertised in the last twelve months. **Check all that apply.**
- Television       Newspaper       Yellow Pages       Internet or other electronic media  
 Radio       Magazine       None  
 Other, **please specify:** \_\_\_\_\_

**BANKRUPTCY SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is bankruptcy work, the Applicant must complete this section.*

1. State the number of bankruptcy cases fall into the following categories:      For Debtor      For Creditor      As Trustee?  
 \_\_\_\_\_
2. Indicate percentage of bankruptcy cases which are:  
 a. Personal Bankruptcies \_\_\_\_\_ %      b. Commercial Bankruptcies \_\_\_\_\_ %      c. Other \_\_\_\_\_ %
- | 3. Attorneys involved in this area of practice: | % of Time Spent<br>on Bankruptcy work | Years of<br>experience: |
|---|---------------------------------------|-------------------------|
| _____   | _____                                 | _____                   |
| _____   | _____                                 | _____                   |
| _____   | _____                                 | _____                   |
4. Has the firm conducted training respecting the 2005 Bankruptcy Reform Act?       Yes  No
5. Has the firm adopted a due diligence process for certifying the truthfulness and accuracy of the debtors' bankruptcy schedule?       Yes  No  
 If yes, please describe the procedure.  
 \_\_\_\_\_
6. Has the firm adopted a review procedure for certification of the debtors' ability to pay?       Yes  No  
 If yes, please describe the procedure.  
 \_\_\_\_\_
7. Has the firm adopted a uniform disclosure statement explaining the duties of the debtor in bankruptcy?       Yes  No  
 Is this disseminated to all clients?       Yes  No  
 Is a copy of this statement maintained for at least two years?       Yes  No
8. Has the firm included a conspicuous statement in all advertising stating that the firm is acting as a debt relief agency and containing all required disclosures?       Yes  No

**COLLECTION SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is collection work, the Applicant must complete this section.*

1. Do all lawyers and staff in this specialty receive training on the Fair Debt Collection Practices Act?       Yes  No
2. Have form letters and other correspondence been reviewed for compliance with all federal and state statutes?       N/A  Yes  No
3. Does the firm require use of a script which has been reviewed for compliance with the Fair Debt Collection Practices Act and applicable state laws when collecting debts via phone?       N/A  Yes  No

### ENTERTAINMENT SUPPLEMENTAL QUESTIONS

If the Applicant indicated any percentage of the firm's practice is entertainment / sports work , the Applicant must complete this section.

1. Does the firm, or any member of the firm, exercise any authority to write checks?  Yes  No
2. Does the firm, or any member of the firm, provide investment advice, make investments, or have discretionary control of funds for the entertainment / sports clients or other public figures?  Yes  No
3. Does the firm negotiate personal appearances, product endorsements, serve as a talent agent or manager for the entertainment / sports clients or other public figures?  Yes  No

### ESTATE / PROBATE / TRUST SUPPLEMENTAL QUESTIONS

If the Applicant indicated any percentage of the firm's practice is estate / probate / trust work in Section II of the Application, the Applicant must complete this section.

1. Does the firm, or any member of the firm, exercise any authority to write checks?  Yes  No
2. Does the firm, or any member of the firm, provide investment advice, make investments, or have discretionary control of funds for the estate / probate / trust clients?  Yes  No
3. Does the value of any estate or trust handled by the firm exceed 5,000,000?  Yes  No

### REAL ESTATE SUPPLEMENTAL QUESTIONS

If the Applicant indicated any percentage of the firm's practice is real estate work, the Applicant must complete this section.

1. Does anyone in the firm provide services to clients who form, manage, or organize group investments / syndications (e.g., limited partnerships, general partnerships, real estate investment trusts or corporations) for the purpose of investing in real property?  Yes  No
2. Does anyone in the firm solicit or seek investors in real estate mortgages or similar real estate based investments?  Yes  No
3. Does twenty-five percent or more of the firm's real estate income result from any one contractor or developer?  Yes  No  
If yes, what is the highest percent of income from any one client? \_\_\_\_ %
4. Does the firm always use a disclosure form and have this form signed by both parties when acting in a dual capacity in the same real estate transaction?  N/A  Yes  No
5. Does the firm's procedures include verification of documentation and evaluation with written disclosure of any hazardous environmental exposures, including on-site and off-site defects that exist or may in the future be created?  N/A  Yes  No
6. Does the firm undertake any aspect of financial or valuation analysis or review of transactions for clients (e.g. tax ramifications or appraisals)?  Yes  No

### FINANCIAL INSTITUTION SUPPLEMENTAL QUESTIONS

If the Applicant indicated any percentage of the firm's practice is financial institution work, the Applicant must complete this section.

1. What type of financial institution work does the Applicant perform?  
 Regulatory  General Counsel  Loan Closing, Repossessions and Foreclosures  Other
2. Are any attorneys on the board of directors of these institutions?  Yes  No  
**If yes, please complete the Outside Interest Supplement.**
3. Is any institution which the Applicant represents or has represented within the last five years currently or been previously under regulatory review by any state or government agency or had any action taken against them?  Yes  No

4. Has any financial institution for which the Applicant has done work in the last five years become bankrupt or insolvent?  Yes  No

**MERGERS & ACQUISITIONS SUPPLEMENTAL QUESTIONS**

*If the Applicant indicated any percentage of the firm's practice is merger & acquisition work, the Applicant must complete this section.*

1. A. How many lawyers are engaged in mergers & acquisition-related activities? \_\_\_\_\_  
B. What is their average years of experience? \_\_\_\_\_  
C. How many have less than three years experience? \_\_\_\_\_
2. Has the applicant firm been involved in any hostile or unfriendly mergers or acquisitions over the last year?  Yes  No
3. What was the average combined total assets of the entities in the deals the firm has handled in the past 12 months? \_\_\_\_\_
4. List the top five deals completed over the previous 12 months along with their specific asset size.:
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_
5. During the last 12 months, what percentage of deals completed were for public clients? \_\_\_\_\_ %
6. During the last 12 months, did the Applicant firm or any attorney represent a client in a failed merger or acquisition?  Yes  No

**If yes, please attach details.**

7. How many deals does the firm expect to complete in the next 12 months? \_\_\_\_\_
8. Did the firm or any attorney within the firm represent a client in a merger or acquisition where the firm or an attorney within the firm owned an equity interest in the client?  Yes  No

**If yes, please complete the outside interest supplement.**

**I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.**

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Partner, Officer and/or Owner Title

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

*The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.*