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LAWYERS PROFESSIONAL LIABILITY INSURANCE

NEW LAWYER APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED INSURANCE POLICY

This application is intended only for lawyers newly admitted to the Wisconsin bar, who have not practiced law in any jurisdiction prior to the date of this application. If you have practiced law, even for a short period, please call WILMIC for further instructions.

PART I - APPLICANT INFORMATION

Desired Policy Effective Date: _____
Month/Day/Year

Lawyer Name: _____ Date Admitted to Wisconsin Bar: _____

Firm Name: _____ Wisconsin State Bar Number: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Facsimile Number: _____

Firm Website: _____ E-mail Address: _____

Organizational Structure of Applicant: (please check one)

Individual (Sole Proprietor) Limited Liability Corporation Service Corporation

Number of your staff (excluding you): _____

PART II - NATURE OF PRACTICE

1. Is your law practice:

- Full-time
 Part-time—Provide the number of hours you plan to work per month: _____

2. Are you affiliated with any other lawyer or law firm? Yes No

If yes, please describe your affiliation: _____

3. Do you share office space with any other lawyer or law firm? Yes No

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

4. Your anticipated percentage of areas of practice:

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

* Please complete a supplemental application available at wilmic.com or call us.

PART II - NATURE OF PRACTICE (CONTINUED)

- 5. Please provide the names of the lawyers or law firms with whom you will affiliate for purposes of gaining expertise in these areas of law: _____
- 6. Do you anticipate that any one client or group of related client accounts will produce more than 10 percent of your gross income? Yes No
 If yes, please explain the type of professional services you anticipate rendering for each client: _____

- 7. Are you licensed to practice law in any state other than Wisconsin? Yes No
 If yes, please identify which state(s): _____

- 8. Do you anticipate practicing law outside the state of Wisconsin? Yes No
 If yes, please describe: _____

- 9. Describe your anticipated calendaring system (how you will keep track of appointments, court dates, statutes of limitations and other time sensitive matters):

- 10. What is your plan for protecting your clients in case you are absent for an extended period of time?

PART III - COVERAGE

Your premium quotation will reflect a choice of the following limits of liability and deductibles:

Limits of Liability	Deductibles
\$100,000 each claim / \$300,000 aggregate	\$1,500
\$250,000 each claim / \$750,000 aggregate	\$2,500
\$500,000 each claim / \$1,000,000 aggregate	

- 1. Do you want coverage for your 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* or call us. Coverage is only provided by an endorsement to the policy.
- 2. Do you want coverage for securities work? Yes No N/A
 If yes, please complete a SEC supplemental application available at *wilmic.com* or call us. Coverage is only provided by an endorsement to the policy.
- 3. Do you want defendants reimbursement coverage? Yes No
 For an explanation of this coverage access *wilmic.com* or call us.

Representation I 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.

(Signature of applicant)

(Date)