

Coverage Highlights



Lawyers Professional Liability Insurance through **Pearl Insurance** and **Swiss Re Corporate Solutions**, with products underwritten by **Westport Insurance Corporation**: Partners Committed to You

Swiss Re Corporate Solutions, has been working to protect Pennsylvania attorneys for more than forty (40) years. Pearl Insurance has been providing professional liability insurance solutions to lawyers for nearly sixty (60) years.



Why You Should Partner With Pearl Insurance and Swiss Re Corporate Solutions

- **New and improved rates** for every full-time attorney practicing at a firm of nineteen (19) attorneys or fewer are designed to offer significant premium reductions
- **Affordable options** for lawyers who work part-time or need coverage options outside their main employment
- We offer **broad coverage**, including **continuity of coverage** and **true consent to settle**
- **A+ financial ratings** provide superior security
- Swiss Re Corporate Solutions' **claims team** of primarily attorneys averages nineteen (19) years of industry experience. They have fifty-two (52) years of Pennsylvania claims experience, providing decades of knowledge with the laws, rules, judges, opposing counsel, expert witnesses, and mediators in Pennsylvania
- Our **free risk management** is unmatched. For example, we provide **three (3) hours of free** on-demand CLE approved webinars to every covered attorney
- Maximum Limits capacity of \$15M each claim/\$15M aggregate
- Deductible options ranging from \$500 (part-time policy) to \$1M
- Automated renewal for qualifying firms of 1-10 attorneys
- Up to 7.5% Association of Legal Administrators credit
- No requirement to report potential claims
- Continuous coverage giving you broader protection for unknown claims that may surface
- And more!

Program Features Include

Donald J. Ivol, Jr., RPLU
Integrity First Corporation
divol@integrityfirstins.biz
p: 412.563.2106
f: 412.563.6109



Renewal requests for current Swiss Re Corporate Solutions policyholders or for new Swiss Re Corporate Solutions policy applicants through Pearl Insurance are available if your policy inception date is on or after March 1, 2013.

ver 2-13 130276-PA-LPL-GenEst

Pearl Insurance/Swiss RE Corporate Solutions Lawyers Professional Liability Program. Please send me a FREE premium estimate.

Firm name: _____ Number of Attorneys: _____
Contact name: _____
Firm address: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____
Website: _____ Year firm established: _____
Phone: (_____) . Fax: (_____) _____
Signature: _____ Date: _____



Areas of Practice

Express percentages of time devoted (billable hours) in each area during the previous year. Indicate percentage in whole numbers next to the type of law you practice, not the business of the client you represent. **Total Must Equal 100%.**

- ____ % Admiralty/Marine Defense
____ % Admiralty/Marine Plaintiff
____ % Anti-Trust Trade Regulation
____ % Bank/Financial Institutions
____ % Bankruptcy
____ % Business Transaction/Commercial Law
____ % Civil/Commercial Litigation Defense
____ % Civil/Commercial Litigation Plaintiff
____ % Civil Rights/Discrimination
____ % Collection
____ % Construction (Building Contracts)
____ % Consumer Claims
____ % Corporate Business Organization
____ % Criminal
____ % Environmental Law
____ % Family Law
____ % Government Contracts/Claims
____ % Immigration/Naturalization
____ % Intellectual Property (Patent, Trademark, Copyright)*
____ % International Law
____ % Labor Law—Union Representative
____ % Labor Law—Management Representative
____ % Local Government
____ % Natural Resources/Oil and Gas
____ % Personal Injury/Property Damage—Defense
____ % Personal Injury/Property Damage—Plaintiff*
____ % Real Estate/Title—Commercial
____ % Real Estate/Title—Residential
____ % Securities (SEC)*
____ % Taxation
____ % Wills, Estates, Probates & Planning
____ % Workers' Comp. Defense
____ % Workers' Comp. Plaintiff
____ % Other _____

* Supplement Required

Attorney Information

Attorney's Name*	Bar Admission Date	Date Joined Firm	Relation to Firm (use codes below)	Number of Weekly Hours
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____

CODES: [O] Officer [P] Partner [S] Solo [E] Employed Attorney [IC] Independent Contractor [OC] Of Counsel
If date joined firm is different than prior acts date, please advise. * For additional attorneys, please attach a separate page.

Insurance History (Please attach a copy of your Declarations Page.)

- Does your firm currently have liability coverage? ☐ Yes ☐ No
If "Yes," please fill in the following information:
Carrier: _____ Premium: \$ _____
Expiration Date: ____/____/____ Retroactive Date (Prior Acts): ____/____/____
Limit: \$ _____ per claim/ _____ aggregate Deductible: _____
My current policy has: ☐ CEOL (Claims Expense Outside Limit) ☐ FDD (First Dollar Defense)

- In the last five years, has any member of your firm been disciplined or denied the right to practice? ☐ Yes ☐ No
If "Yes," explain: _____
- Has the firm ever been non-renewed, canceled, or declined coverage? ☐ Yes ☐ No
If "Yes," explain: _____
- Does your firm have a docket system with two independent date controls cross-checked by a separate individual? ☐ Yes ☐ No
- Does your firm do mass tort or class action work? ☐ Yes ☐ No
- Does your firm have any one client which represents more than 25% of the firm's billing? ☐ Yes ☐ No
- Number of suits for fees filed against clients in the past two years? _____
- Any claims in the past five years?** ☐ Yes ☐ No If "Yes," please complete.

Additional Information (Answers requiring additional space should be attached as a separate page. Please reference question number.)

- Does your docket system consist of the following:
____ Single Calendar ____ Dual Calendar
____ Tickler Cards ____ Computer
____ Master Listing ____ Other (explain) _____
- Are at least two individuals maintaining the calendar system? ____ Yes ____ No
- How frequently is the docket system cross-checked? ____ Daily ____ Weekly ____ Monthly
- What type of system does the firm use to prevent a conflict of interest with clients?
____ Computer ____ Index file
____ Conflict Committee ____ Oral/Memory
____ Other (explain) _____
- How often is the conflict system updated? _____
- Does your firm use the following client communication letters?
____ Engagement ____ Non-engagement
____ Termination ____ Fee agreements
____ Declination
- How many suits for the collection of fees were filed during the past fiscal year? _____
- Are there any predecessor firms that the current firm has assumed 50% or more of the assets and liabilities of? ____ Yes ____ No
If yes, please list the name of the predecessor firm and the % of assets and liabilities assumed. _____
- Does any attorney of the firm serve as an outside director or officer and/or have any ownership interest in a client? ____ Yes ____ No
- If you answered yes to Question 9, please supply outside interest supplements that you have completed for your current carrier.
- Number of non-attorney staff:
____ law clerks/paralegals
____ secretarial/clerical/other
- Have you reported any claim and/or incidents in the past 5 years? ____ Yes ____ No
If yes, please provide claim information in the form of a claim supplement, or a brief statement on letterhead.
- Do you have current coverage? ____ Yes ____ No
If yes, please provide a copy of your expiring policy's Declaration's page and endorsements.

WPEST0113

ver 2-13 130276-PA-LPL-GenEst

NOTE: This form is for estimating purposes only. Coverage may be bound only upon submission and acceptance of a completed application.