

Westport Insurance Corporation

WESTPORT LAWYERS PROFESSIONAL LIABILITY COMPETITOR APPLICATION REPRESENTATION STATEMENT

Firm Name: _____

Effective Date Requested: _____

Re: Westport Insurance Corporation Application for Lawyers Professional Liability Insurance

The undersigned represents that I have reviewed the package of documents attached hereto in support of the application for professional liability insurance and that to the best of my /our knowledge, the information given in the application dated _____ and attachments is/are unchanged since it was completed and signed, including supplemental information provided.

The undersigned represents that other than claims or potential claims already reported in the application dated _____ and loss history attached, I / we are not aware of any claim and/or circumstances, act, errors, or omissions that could result in a professional liability claim. Any related claim or potential claim matters have been reported on all subsequent application and to the appropriate carrier.

The undersigned represents that the statements set forth in the above referenced documents are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that these documents in support of application shall become the basis of any coverage that may be issued by Westport Insurance Company.

The undersigned understands and agrees that:

- In lieu of requiring your law firm to complete a Westport Insurance Corporation New Business Application, Westport will use the above referenced documents attached hereto together with this Competitor Application Representation Statement in the underwriting of this account and will rely on the truth and accuracy of the information contained therein; and
- This document along with an approved carrier's current application and all supplements/attachments must be signed and dated by a named partner, officer and/or owner; and
- I / we hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation; and
- The completion of this Competitor Application Representation Statement does not bind Westport Insurance Corporation to issuance of an insurance policy.
- Any policy issued will provide coverage on a claims-made and reported basis for only those claims that are made against the insured and reported while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

For your protection, the following Fraud Warning is required to appear in association with applications for insurance:

- The following Fraud Warning applies to **Arkansas**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- The following Fraud Warning applies to **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- The following Fraud Warning applies to **District of Columbia**: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- The following Fraud Warning applies to **Florida**: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- The following Fraud Warning applies in **Hawaii**: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- The following Fraud Warning applies in **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- The following Fraud Warning applies to **Louisiana**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- The following Fraud Warning applies to **New Mexico**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- The following Fraud Warning applies to **Maine/Virginia**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits
- The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- The following Fraud Warning applies in **New York**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five-thousand dollars and the stated value of the claim for each such violation.
- The following Fraud Warning applies in **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- The following Fraud Warning applies in **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

- The following Fraud Warning applies to **Oregon**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
- The following Fraud Warning applies in **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- The following Fraud Warning applies in **Tennessee**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- The following Fraud Warning applies in **All Other States**: Any person who knowingly files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and also punishable by criminal and/or civil penalties in certain jurisdictions.

THIS COMPETITOR APPLICATION REPRESENTATION STATEMENT MUST BE SIGNED BY A PARTNER, OFFICER and/or OWNER

Please print name of partner, officer and/or owner signing this Competitor Application Representation Statement:

Signed: _____
 Partner, Officer and/or Owner Title

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the document(s) in support of application for insurance that occur after the date of this application and before policy inception.

Submitting Insurance Producer: _____ Producer License No: _____

Please attach a copy of your current letterhead.