



Lawyers Professional Premium Indication Sheet

Firm Name: _____

Contact Person: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email Address: _____ Phone # _____ Fax# _____

Areas of Practice:

- | | | |
|--|--|---|
| _____ % Administrative | _____ % Real Estate Residential | _____ % Labor Representation |
| _____ % Bankruptcy | _____ % Real Estate Commercial | _____ % SEC/State Securities |
| _____ % Collections | _____ % Real Estate-Title | _____ % Entertainment/Sports/Celebrity |
| _____ % Commercial & Corporate Gen. Lit –Defense | _____ %Taxation-Individual | _____ % Investment Counseling/Money |
| _____ % Commercial & Corporate Gen. Lit –Plaintiff | _____ % Taxation-Commercial | _____ % Management |
| _____ % Corporate Formation/Alteration | _____ % Other Defense | _____ % Mergers/Acquisitions |
| _____ % Criminal | _____ % Admiralty/Maritime | _____ %Oil, Gas or Mining |
| _____ % ERISA or Employee Benefits | _____ % Wills/Estate/Probate | _____ % Patent/Copyright/Trademark |
| _____ % Family Law-Excluding Divorce | _____ % Workers Comp.-Defense | _____ % real Estate Syndication/Lim.Part. |
| _____ % Family Law – Divorce Only | _____ % Workers Comp.-Plaintiff | _____ %Other |
| _____ % Immigration | _____ % Class Action-Defense | |
| _____ % Labor Management Representation | _____ % Class Action-Plaintiff | 100% Total |
| _____ % Mediation / Arbitration | _____ % Banking Services-Loan Doc. | |
| _____ % Personal or Bodily Injury-Defense | _____ % Banking Services-Ex. Loan Doc. | |
| _____ % Personal or Bodily Injury-Plaintiff | _____ % Environmental | |

Current Insurance Information:

Carrier: _____ Expiration Date: _____ Retroactive Date: _____ Or None: _____

Limits of Liability: _____ Additional Claim Expense Limit: _____ First Dollar Defense: _____ Y/N

Deductibles: _____ Per Claim: ___ Y/N Aggregate: ___ Y/N Premium: _____ Includes Career Coverage: _____ Y/N

Firm Management:

Number of suits for fees filed in the past 2 years: _____ Date firm was established: _____

Docket Type: Computer Y/N Tickler Y/N Two Calendars Y/N Day-Timer Y/N Other: _____

Is your docket maintained by at least two people? ___Yes ___No

Conflict Type: Computer Y/N Single Index Y/N Multi Index Y/N Oral/Memory Y/N Other: _____

Do you have: Firm Administrator Y/N ALA Member Y/N Certified Legal Manager Y/N

Do you use: Engagement Letters Y/N Fee Agreements Y/N Declination Letters Y/N

Does any attorney in the firm serve as a director, officer or employee of any client of the firm? Y/N

Has any member of the firm been disbarred, reprimanded, suspended, had license revoked or had any complaint or disciplinary action? Y/N
If yes, please provide details:

Over the last 5 years, has any attorney of the firm (past or present) had a malpractice claim filed against them or reported an incident or circumstance to a malpractice carrier? Y/N If yes, please provide details of incident/claim

_____ Prior claim supplement with update will be helpful.

PLEASE ATTACH A COPY OF THE FIRM LETTERHEAD AND ANY ENDORSEMENTS

This form is for estimate purposes only. Coverage may be bound only upon submission and acceptance of completed application.

Attorney Signature : _____ Date: _____