

Lawyers' Professional Liability Program Indication Request Form This form is for a non-binding indication based upon this preliminary information. It is not intended to be a binding

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Contact Information								
Firm:Street Address:								
City:	State:	_ Zi	Zip: County:			Phone:		
Fax:	Email:			Website:				
Insurance History								
Current Carrier: Expirat			ration Date:// Lir		_imits:		_/	
Deductible:	Ret	roact	tive Date:/	_/	Annual Premium:			
Attorney Information								
Name of Attorney			Date of Hire			ition	Avg. Weekly Hours	
1.								
2.								
3.								
4.								
* Please list additional attorneys on a separate sheet of paper*								
Area of Practice Information								
Administrative Law		% Financial Institution			%			%
Admiralty Law		% Financial Planning			%	1 /		%
Antitrust/Trade		% Government Contracts/Re			%	,,, ,		%
Civil Rights/Discrimination					%	,, ,		%
Collection/Bancruptcy		% Immigration and Naturalization			%	Plaintiff Class Action Plaintiff Mass Tort		%
Construction Law Consumer Law		% Insurance% IP - Patent/Trademark			%			% %
Corp. & Business Transactions		% IP - Copyright			%			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Criminal		% International Law			%			70 %
Employment Law - Defense		% Labor - Mgmt. Representation			%			%
Employment Law - Plaintiff	%	Labor - Labor Representation			%	Taxation - Other		%
Entertainment/Sports	%	% Com. and Business Lit Def.			%	Work Comp Def.		%
Environmental Law	%	% Com. and Business Lit Pltf.			%	Work Comp Pltf.		%
Estate/Probate/Trust	%	6 Mediation Arbitration			%	Other		%
Family Law	%	Mergers & Acquisitions			%	Total (must equal 100%)		
Operations Information								
 1. How many suits to collect unpaid fees have you filed against your clients during the last year?: 2. Do you have a docket system with at least two independent date controls?: Yes No 3. Is one of the docket systems computerized?: Yes No 4. Does your firm use the following letters for all clients?: Changes in scope of engagement Letters Non-engagement letters Disengagement Letters Changes in scope of engagement 5. Which of the following conflict avoidance systems do you maintain? Check all that apply: None Computer Index File Conflict Committee Memory 6. Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details: Yes No 7. Has any action been taken against any lawyer in the firm for disbament, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details: Yes No 8. Are there any wholly owned entities you would like us to consider for coverage? 9. FOR PA ONLY A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? Yes No B. What is the average weekly number of hours spent in primary employment? (If applicant works full time for another law firm, please provide details on a separate page.) 								
Signature:								