



Lawyers' Professional Liability
Premium Indication Form
Direct Submission

- A. Please complete all parts of this form and return with a sample of the firm's letterhead noting this is not an application for coverage.
B. Please return the completed questionnaire to USI Affinity, 100 Matawan Road, Suite 200, Matawan NJ 07747 or via fax 610-537-2585
C. If you have any questions, please call 800-727-7770 to speak to Jon Grant (ext. 11599) or Lana James-Moore (ext. 11513).

1) Name of Firm: _____ Year Established.: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

2) Current Insurance

Table with 5 columns: Carrier, Limit, Deductible, Premium, Policy Term (From - To)*

(MM/DD/YYYY).

*Note, if firm presently does not have coverage please confirm the firm's desired effective date _____

3) Attorneys (If not enough room for additional Attorneys, please attach by addendum)

Table with 7 columns: Attorney Name, D/C*, Retroactive or Prior Acts Date, Social Security Number/Bar Number, Years In Practice, Date Joined Firm (mm/dd/yyyy), Average # of hours worked/week

*Designation Codes (D/C) O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers, S = Sole Proprietor, E = Employed lawyers, C = Of Counsel Attorneys, I/C = Independent Contractors, PT = Part-Time lawyers (work less than 26hrs/week on average for firm)

4) If applying as a Sole Practitioner for Part Time Coverage, are you are employed in any capacity other than working as a Part Time Lawyer as applied for herein? Yes [] No [] N/A []

5) Claims/Incidents/Disciplinary Matters:

a) Has any professional liability claim or suit been made in the past five years against the firm or its predecessor or any current or former member of the firm or it's predecessor firm(s)? Yes [] No [] Total Number: _____

b) After inquiry, does any firm member know of any circumstance, situation, act or error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) in the past five years?

Yes [] No [] Total Number: _____

If 'yes' response to either 4a or 4b, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed. If needed, please contact us for a copy of a Claim Supplement to provide details on the matter(s).

c) During the past five years has any Attorney in Question 3 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No Note, if yes – please provide firm’s explanation of matter or copy of complaint with the firm’s response and an update as to the status of the matter with Grievance Comm.

d) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association? Yes No

6) **Suits for Fees:** How many suits for the collection of fees have been filed against clients in the past 5 years? _____

7) **Other Offices:** Please list other offices of the firm not listed in this form by addendum

8) **Administrative Controls:**

- a) Does the firm maintain a Docket Control System with at least two Independent date controls? Yes No
- b) Is one of the controls computerized? Yes No
- c) Does any single client represent 50% or more of the firm’s gross billings? Yes No
- d) Does firm maintain a conflict of interest system? Yes No

9) **Please attach a sample of the firm’s letterhead**

10) **Percentage of Firm’s Income Derived from the following Areas of Practice for last fiscal year:(If this is a new firm, estimate income going forward):**

_____% Admiralty / Marine – Defense	_____% Criminal	_____% Natural Resources / Oil & Gas
_____% Admiralty / Marine – Plaintiff	_____% Environmental	_____% Pers Inj / Prop Dam - Defense
_____% Anti-Trust / Trade Regulation	_____% Family Law	_____% Pers Inj / Prop Dam - Plaintiff
_____% Banking / Financial Institutions	_____% Government Contracts / Claims	_____% Real Estate/Title - Commercial
_____% Business Transaction – Comm’l Law	_____% Immigration / Naturalization	_____% Real Estate/Title- Residential
_____% Civil/Comm’l Litigation – Defense	*_____% Intellectual Prop –	*_____% Securities (S.E.C.)
_____% Civil/Comm’l Litigation – Plaintiff	(Copyright/Trademark/Patent)	_____% Taxation
_____% Civil Rights / Discrimination	_____% International Law	_____% Wills, Estate, Trust & Probate
_____% Collection / Bankruptcy	_____% Labor Management Rep	_____% Workers Comp - Defense
_____% Construction (Building Contracts)	_____% Labor Union Rep	_____% Workers Comp - Plaintiff
_____% Consumer Claims	_____% Local Government	_____% Other (describe below)
_____% Corporate Business Organization		

TOTAL: **must equal 100%**

* If any percentage, complete the Intellectual Property and/or Securities Supplemental Applications.

“OTHER” Description Area: _____

If there is an asterisk next to the Area of practice, please submit the appropriate supplement. *

11) Does the firm handle or represent or engage in any **Mass Tort or Class Action** work? Yes No

12) If the firm has stated any percentage of **Personal- Plaintiff** work in the area of practice chart above, please advise if it handles any of the following areas of work:

Wrongful Death Yes No , Total Disability Yes No , OB/GYN Yes No
 Pediatrics Yes No , Nursing Homes Yes No , Oncology Yes No .

b) If the firm has Fee Arrangements for Medical Malpractice cases referred to another firm, please describe the follow up procedures in place for the referred matter(s) and confirm the recipient firm maintains professional liability insurance: _____

I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound after the carrier’s fully completed application and applicable supplements has been submitted and approved by the carrier.

Signature: _____

Date: _____ / _____ / _____
 mm dd yyyy

Print Name: _____

Title: _____