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**LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Firm Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Law Firm Information

Establishment Date: _____
 Number of Support Staff: _____ Of Counsel _____
Number of Attorneys, IC's, OC's & Years with the firm
 (Exclude "Of Counsel" working < 20 hrs/week)

<u>Years with firm</u>	<u>Number of attorneys</u>
5+ years	_____
4 years	_____
3 years	_____
2 years	_____
1 year	_____
< than 6 months	_____

Number of attorneys participating in CLE during the past twelve months? _____
 Firm's estimated annual gross income? \$ _____
 Single client annual gross revenues > 50%? Y___ N___

Internal Controls

Do you maintain a Docket Control System with at least two independent date controls? Y___ N___
 Is a Conflict of Interest System maintained? Y___ N___
 Are engagement and non-engagement letters used on a regular basis? Y___ N___

Current Insurance

Carrier: _____
 Limits & Deductible: _____
 Premium: _____
 Retroactive/Prior Acts Date: _____
 Policy Term: _____
 Date of first continuous claims-made coverage: _____

Claim History

Are you aware of any claims against your firm or any incidents that could result in a claim against your firm within the past five years? Y___ N___ If "YES", how many? _____ Please provide specific details of each, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.
 Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administrative agency or regulatory body? Y___ N___ If "YES", please provide details.

Area of Practice Percentages (percentages must total 100%)

Administration	%	Divorce	%	Public Utilities	%
Admiralty/Maritime	%	Family Law (all other)	%	Real Estate/Commercial	%
Antitrust/Trade Regulation	%	Employee Benefits	%	Real Estate/Residential	%
Arbitration/Mediation	%	Entertainment/Sports	%	School Law	%
Banking/Financial Institutions	%	Environmental	%	Securities	%
Bankruptcy	%	Foreign/International	%	Social Security/Elder Law	%
BI/PI Defense	%	Healthcare	%	Tax/Corporate	%
BI/PI Plaintiff	%	Insurance	%	Tax/Individual	%
Civil Rights/Discrimination	%	Investments/Money Mgmt	%	Water Rights	%
Collection/Repossession	%	Labor Law/Management	%	Wills/Estate Planning/Probate	%
Communication/FCC	%	Labor Law/Union	%	Work Comp/Defense	%
Copyright/Trademark	%	Mergers & Acquisitions	%	Work Comp/Plaintiff	%
Corporate-Formation	%	Municipal	%	Other (describe):	
Corporate-General	%	Oil/Gas/Minerals	%		%
Criminal	%	Patent	%	TOTAL:	100%

PLEASE NOTE: ANY PRELIMINARY PREMIUM INDICATION PROVIDED BASED ON THE COMPLETION OF THIS FORM IS NOT BINDING FOR THE INSURANCE COMPANY AND ITS AFFILIATES AND SUBSIDIARIES. IT DOES NOT OBLIGATE THE INSURANCE COMPANY TO BIND COVERAGE AND /OR ISSUE AN INSURANCE POLICY UNTIL YOU HAVE SATISFIED ANY SUBJECTIVITIES OR CONDITIONS OF THE QUOTE LETTER. THE INSURANCE COMPANY RETAINS THE RIGHT TO DECLINE TO QUOTE BASED UPON RISK ASSESSMENT.

Submitting Agency: _____
 Contact Person: _____ Phone #: _____