

Lawyers Professional Liability Insurance Program - Quick Appl

For a premium estimate, please complete the following information and fax it back to us at (954)563-1775. The premium indicated will be an estimate only and is not binding until an underwriter has reviewed a completed application and offers coverage.

| Firm Name: | | | | | |
|--|--------------------------------|---|--|--|--|
| Contact: | | | | | |
| Address:Cit | | State:Zip: | | | |
| Phone: | Fax: | Email: | | | |
| Firm Information | | Internal Controls | | | |
| Established date: | # Attorneys: | Do you maintain a Docket Control System with at least two | | | |
| | # of Support Staff: | independent date controls? Yes 🗖 No 🗖 Computerized 🗖 | | | |
| | | Is a Conflict of Interest System maintained? Yes 🗖 No 🗖 | | | |
| # of attorneys (excl. OCs) c | and their years with the firm: | Are your Docket Control & Conflict of Interest Systems | | | |
| Number of Years | Number of Attorneys | computerized? Yes 🗖 No 🗖 | | | |
| 5+ years | | Are engagement and non-engagement letters used on a | | | |
| 4 years | | regular basis? Yes 🗖 No 🗖 | | | |
| 3 years | | | | | |
| 2 years | | Current Insurance Information | | | |
| 1 years | | Agent: | | | |
| Less than 6 months | | Carrier: | | | |
| | | Limits: | | | |
| Does the firm employ a fulltime Legal Administrator? | | Deductible: | | | |
| Yes 🗖 No 🗖 | - | Premium: | | | |
| How many suits for fees hav | ve been filed against clients | Retroactive/Prior Acts Date: | | | |
| in the last two years? | - | Requested Effective Date: | | | |
| Estimated annual gross income? | | 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? Yes D No D 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? Yes D No D If "YES", please provide details.

Area of Practice Percentages based on gross billable dollars (percentages must total 100%)

| Administrative Law | % | Environmental Law | % | Oil / Gas / Minerals | % |
|-----------------------------------|---|-------------------------------------|---|---|---|
| Admiralty Law | % | Estate / Probate / Trust / Wills* | % | Pension and Employee Benefits | % |
| Antitrust / Trade | % | Financial Planning | % | Personal Injury & Negligence - Defense | % |
| Banking/Financial Institution* | % | Government / Municipal | % | Personal Injury & Negligence - Plaintiff* | % |
| Bankruptcy | % | Healthcare | % | Plaintiff - Class Action* | % |
| Bonds* | % | Immigration and Naturalization | % | Plaintiff - Mass Tort* | % |
| Civil Rights and Discrimination | % | Insurance - Defense | % | Real Estate - Residential* | % |
| Collections* | % | Intellectual Property - Patent / ™* | % | Real Estate - Commercial* | % |
| Commercial Law | % | Intellectual Property - Copyright* | % | Securities Law* | % |
| Construction Law | % | International Law | % | Taxation - Opinions | % |
| Corporate - Formation/Alterations | % | Labor - Management | % | Taxation - Other | % |
| Corporate - Mergers/Acquisitions* | % | Labor - Union | % | Tax Shelters | % |
| Corporate - Transactions | % | Commercial Litigation - Defense | % | Title | % |
| Criminal | % | Commercial Litigation - Plaintiff | % | Traffic | % |
| Domestic Relations / Family Law | % | Mediation / Arbitration | % | Workers Compensation - Defense | % |
| Employment Law - Defense | % | Medical Malpractice - Defense | % | Workers Compensation - Plaintiff* | % |
| Employment Law - Plaintiff* | % | Medical Malpractice – Plaintiff* | % | Other: | % |
| Entertainment / Sports* | % | Mergers and Acquisitions* | % | Total must equal 100% | % |

*Supplemental application may be required

Upon completion fax to 866.563.1775