



Lawyers Professional Liability Premium Indication Form

Firm:			Contact:
Address:			
City:	County:	State:	Zip:
Phone:	Fax:	Email:	

Staff List: (Designations: O=Owner, P=Partner, A=Associate, IC=Independent Contractor, OC=Of Counsel, PA=Patent Agent)

Name:	Hire Date: (mm/dd/yy)	Designation
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(Please continue on a separate sheet if necessary)

Are engagement letters or retainer agreements, that establish the scope of your firm's representation, required to be sent to all new clients:

YES: NO:

Have you ever sued a client (past or present) for uncollected fees:

YES: NO:

Has any member of your firm handled class action or mass tort litigation in the past 5 years:

YES: NO:

Has any member of your firm been disbarred or been the subject of a disciplinary proceeding:

YES: NO:

Area Of Practice: What percentage of gross billings are earned from the following (Total Must Equal 100%):

Arbitration / Mediation	_____ %	Corporation Formation/Alteration	_____ %	Tax – Opinions	_____ %
Administrative law	_____ %	Immigration and Naturalization	_____ %	Worker's Compensation - Plaintiff	_____ %
Admiralty / Maritime	_____ %	Intellectual Property Litigation	_____ %	Personal BI/PD Plaintiff:	_____ %
Bankruptcy	_____ %	International/Foreign Law	_____ %	Banking / Financial Institutions	_____ %
Collection/Repossessions	_____ %	Labor - Management Representation	_____ %	Real Estate – Residential	_____ %
Commercial Litigation	_____ %	Government/Municipal (Not bonds)	_____ %	Real Estate - Land Use / Zoning	_____ %
Criminal law	_____ %	Tax - Preparation of Returns	_____ %	Real Estate - Title Examination	_____ %
Domestic Relations	_____ %	Estate, Trust, Probate	_____ %	Securities	_____ %
Insurance Defense	_____ %	Entertainment / Sports	_____ %	*Other:	_____ %
Personal BI/PD Defense	_____ %	Intellectual Property Services	_____ %	*Describe other services below:	
Workers Compensation Defense	_____ %	Labor - Labor Representation	_____ %	_____	_____
Anti-Trust/Trade Regulation	_____ %	Pension & Employee Benefits	_____ %	_____	_____
Civil rights/Discrimination	_____ %	Mergers / Acquisitions	_____ %	_____	_____
Commercial Transactions	_____ %	Oil, Gas or Mining	_____ %	_____	_____
		Real Estate - Commercial	_____ %	Total:	<u>100</u> %

Insurance History: Renewal date: ___ / ___ / ___ Insurer: _____ Limit: \$ _____ Deductible: \$ _____

Retroactive Date (if applicable): ___ / ___ / ___ Current annual premium: \$ _____

Claims History (if applicable):

Claim 1

Claim 2

Claim 3

Date Claim or Incident Reported:			
Amount Paid (Including Expenses):			
Open/Closed:			