

Lawyers Professional Liability Premium Estimate Fast-Fax

Applicant: _____ Year Est. _____
 Address: _____
 Cty: _____ State: _____ Zip: _____
 Contact Person: _____ E-Mail: _____
 Telephone: () _____ Fax: () _____ County: _____

Percentage Of Income Derived from the Following Areas Of Practice:

_____ Abstracting / Title _____ Ad Valorem Tax _____ Admiralty - Plaintiff _____ Admiralty - Defendant _____ Antitrust / Trade Regulation _____ Banking _____ Bankruptcy _____ Bonds _____ Civil Rights _____ Collections _____ Commercial Lit. - Plaintiff _____ Commercial Lit. - Defendant _____ Communication (FCC) _____ Copyright / Patent / Trademark _____ Criminal _____ Domestic and Family Relations	Corporate: _____ Administrative Law _____ Formation _____ Mergers & Acquisitions _____ General (describe): _____ _____ Entertainment _____ Environmental _____ Estate Planning _____ Estate / Probate / Trust _____ ERISA _____ Financial Planning & Investment Counseling _____ Foreclosure /Repossession _____ Health _____ Housing Court	_____ Immigration _____ Insurance Co. - Defendant _____ International _____ Juvenile Proceedings _____ Labor - Management _____ Labor - Union _____ Limited Partnerships _____ Mediation / Arbitration _____ Municipal _____ (Do not include Bond Practice - Reflect Bonds in Bond category) _____ Oil and Gas _____ Public Utilities Personal Injury: _____ Plaintiff _____ Defendant	_____ Real Estate - Commercial _____ Real Estate - Residential Securities Law: _____ Federal SEC _____ Federal Exemptions _____ State SEC _____ Private Placements _____ Social Security Admin. _____ Syndication _____ Taxation - individual _____ Taxation - Corporate _____ Water Law _____ Wills and Trusts _____ Workers Comp - Plaintiff _____ Workers Comp - Defendant _____ Other: _____
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Current Coverage

(All Items Must Be Completed)

Carrier: _____	Limit: _____
Expiration Date: _____	Deductible: _____
Retroactive or Prior Acts Date: _____	Premium: _____

1. Has the firm or any attorney at the firm had any Claims, Suits or Incidents in the Past 5 Years: Yes [] No []
 (If Yes, complete the attached Claim Supplement)
2. Does the firm do any Class Action, Mass Tort or Toxic Tort Class action? Yes [] No []
3. Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim? _____
4. Have 50% of the firm's attorneys attended CLE in the last 12 months? _____
5. Number of Docket Control Systems? _____ Computerized? Yes [] No []
6. Do you have a Conflict of Interest control system? _____
7. Has any attorney with the firm ever been disciplined or denied the right to practice? _____
8. Number of Support Staff? _____
9. CIRCLE any used by firm: (A) Retainer agreements; (B) Engagement letters; (C) Non-Engagement letters; (D) Disengagement letters

Limits Requested: _____
Deductible Requested: _____

This Form is For Estimate Purposes Only!
Please Attach a Copy of Firm Letterhead, Lawyer Detail Addendum
(see attached) and a Copy of Policy Declarations Page.

