



Lawyers' Professional Liability Program Indication Request Form

This form is for a non-binding indication based upon this preliminary information. It is not intended to be a binding quote for the firm's acceptance of insurance coverage. To determine the firm's qualification for a binding quote, we will need a fully completed, signed and dated application with any supplemental information.

Contact Information

Firm: _____ Est Date: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____ Phone: _____
 Fax: _____ Email: _____ Website: _____

Insurance History

Current Carrier: _____ Expiration Date: ____/____/____ Limits: ____/____/____
 Deductible: _____ Retroactive Date: ____/____/____ Annual Premium: _____

Attorney Information

Name of Attorney	Date of Hire	Bar Admission Date	Position	Avg. Weekly Hours
1.				
2.				
3.				
4.				

* Please list additional attorneys on a separate sheet of paper*

Area of Practice Information

Administrative Law	%	Financial Institution	%	Natural Resources	%
Admiralty Law	%	Financial Planning	%	Pension and Employee Benefits	%
Antitrust/Trade	%	Government Contracts/Relations	%	Pers. Injury and Neg. - Def.	%
Civil Rights/Discrimination	%	Healthcare	%	Pers. Injury and Neg. - Pltf.	%
Collection/Bankruptcy	%	Immigration and Naturalization	%	Plaintiff Class Action	%
Construction Law	%	Insurance	%	Plaintiff Mass Tort	%
Consumer Law	%	IP - Patent/Trademark	%	Real Estate/Title Agent - Res.	%
Corp. & Business Transactions	%	IP - Copyright	%	Real Estate/Title Agent - Com.	%
Criminal	%	International Law	%	Securities Law	%
Employment Law - Defense	%	Labor - Mgmt. Representation	%	Taxation - Opinions	%
Employment Law - Plaintiff	%	Labor - Labor Representation	%	Taxation - Other	%
Entertainment/Sports	%	Com. and Business Lit. - Def.	%	Work Comp. - Def.	%
Environmental Law	%	Com. and Business Lit. - Pltf.	%	Work Comp. - Pltf.	%
Estate/Probate/Trust	%	Mediation Arbitration	%	Other	%
Family Law	%	Mergers & Acquisitions	%	Total (must equal 100%)	

Operations Information

- How many suits to collect unpaid fees have you filed against your clients during the last year?: _____
- Do you have a docket system with at least two independent date controls? Yes No
- Is one of the docket systems computerized? Yes No
- Does your firm use the following letters for all clients?:
 Engagement Letters Non-engagement letters Disengagement Letters Changes in scope of engagement
- Which of the following conflict avoidance systems do you maintain? Check all that apply:
 None Computer Index File Conflict Committee Memory
- Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details: Yes No
- Has any action been taken against any lawyer in the firm for disbarment, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details: Yes No
- Are there any wholly owned entities you would like us to consider for coverage?
 None Mediation/Arbitration Title Agency Other, please specify: _____
- A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? Yes No
 B. What is the average weekly number of hours spent in primary employment? (If applicant works full time for another law firm, please provide details on a separate page.)
- Does any client or group of clients make up 10% or more of the firms gross receipts? Yes No (If yes please complete Outside Interest Supplement.)
- Has any member of the firm been involved in class action or mass tort litigation? Yes No

Return to:

Completed by (print):

Signature: