



**LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Broker Name: _____ Phone: _____
 Law Firm: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Firm Information

Establish Date: _____ # of Attorneys: _____
 # of "Of Counsel": _____ # of Support Staff: _____
 # of Attorneys (excl. OCs) and years at firm:

less than 6 months _____
 1 year _____ 5 years _____
 2 years _____ 6 years _____
 3 years _____ 7 years _____
 4 years _____ 8+ years _____

How many attorneys have participated in CLE during the
 past twelve months? _____
 Estimated annual gross income? _____

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%)

Admiralty/Marine	%	Entertainment	%	Real Estate-Title Work	%
Antitrust/Trade Regulation	%	Environmental	%	Securities/State & Federal (SEC)	%
Arbitration/Mediation	%	ERISA	%	Securities-Private Placement	%
Banking	%	Est. Planning/Probate/Trusts/Wills	%	Securities-Bonds	%
Bankruptcy	%	Government/Municipalities	%	Social Security Disability	%
Bodily Injury/Defense	%	Immigration	%	Tax Preparation	%
Bodily Injury/Plaintiffs	%	International Law	%	Tax Opinions	%
Collection	%	Investment Counseling	%	Workers Comp/Defense	%
Copyright/Patent/TM	%	Labor Relations	%	Workers Comp/Plaintiff	%
Corporate	%	Real Estate-Residential	%	Other-Describe in Detail:	%
Criminal	%	Real Estate-Commercial	%		
Domestic Relations	%	Real Estate-Synd Devel.	%	Total(Must equal 100%)	

PLEASE NOTE: This worksheet is intended for the purpose of obtaining a Preliminary Premium Indication. In order for us to extend a firm Premium Quotation, a fully completed application and applicable supplements will be needed.

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___
 Is this a full time private practice of law? Y___ N___

Current Insurance

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