PREMIUM INDICATION REQUEST

FIRMPRO™

Name of Law Firm:			
Street Address			
City:	**County**	**State**	**Zip**
Contact Name:		**Email:**	
Phone:	**Fax:**		**Website:**

Please indicate the coverage desired below:

Limit of Liability: $	Deductible: $

Firm's Areas of Practice during the previous year (whole numbers only please) – must total 100%

% Admiralty/Marine	% Estate/Trust/Probate	% Personal Injury: Plaintiff
% Antitrust/Trade Regulation	% Family Law/Domestic Relations	% Personal Injury: Defense
% Bankruptcy	% Financial Institutions/Banking	% Pro-bono: Criminal
% Bond	% Government/Municipal (not bonds)	% Pro-bono: Other
% Collection/Repossession	% Immigration/Naturalization	% Real Estate: Commercial
% Commercial Transactions: Finance	% Intellectual Property – Patent	% Real Estate: Residential
% Commercial Transactions: Secured	% Intellectual Property - Trademark	% Real Estate: Land use/Zoning
% Communiciations	% Intellectual Property – Copyright	% Real Estate: Title Examinations
% Corporate: Formation/Alteration	% Labor: Union–Management Relations	% Securities
% Corporate: Mergers/Acquisitions	% Labor: Employment Law	% Taxation: Corporations
% Corporate: Other (explain)	% Litigation: Arbitration/Mediation	% Taxation: Individuals
% Criminal	% Litigation: Commercial	% Workers Compensation: Plaintiff
% Energy/Natural Resources	% Litigation: General Civil	% Workers Compensation: Defendant
% Entertainment/Sports	% Litigation: Insurance Defense	% Other (attach description)
% ERISA	% Litigation: Plaintiff	0 **% TOTAL (must total 100%)**

Number of non-lawyer staff:		**Estimated Annual Revenue**	**$**

Attorney Name	Desig-nation Code	Average # hours/ week	States Licensed	# Years in practice	# Years with firm	Prior Acts Date
Please attach separate sheet for additional attorneys						

Designations: A = Associate CC = Co-Counsel D= Director E = Employee IC= Independent Contractor
OC = Of Counsel SP= Sole Practitioner P = Partner RP = Retired Partner

Insurance History for past five years: (if none – check here: ☐ None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium	# of lawyers

Does your firm's current professional liability policy contain a limitation on prior acts coverage? (prior acts exclusion, retroactive date, etc). ☐ Yes ☐ No. If yes, please provide date: _____

Does the firm or any attorney have any clients in the Entertainment Industry?	☐ Yes	☐ No
Has any attorney provided legal services related to securities transactions (anywhere) in past 5 years?	☐ Yes	☐ No
Do the attorneys of this firm have any equity interest in its client(s)	☐ Yes	☐ No
Does the firm have any one client that generates more than 25% of the firm's billings	☐ Yes	☐ No
Does anyone in the firm serve as a director, officer, employee or manager of any of a client?	☐ Yes	☐ No
Does the firm have a formal conflict of interest avoidance system?	☐ Yes	☐ No
If yes, is the firm's conflict of interest system computerized?	☐ Yes	☐ No
Does the firm have at least two independently maintained date/deadline control systems?	☐ Yes	☐ No
If yes, does the firm have a formal computerized docket control program?	☐ Yes	☐ No
Does the firm regularly use written engagement agreements?	☐ Yes	☐ No
Does the firm regularly use written declination and termination letters?	☐ Yes	☐ No
If you are a solo practitioner, do you have a back up attorney?	☐ Yes	☐ No
Do you have any publically traded clients?	☐ Yes	☐ No
Has the firm been involved in any Mass Tort / Class Action cases in the past five years?	☐ Yes	☐ No

Claims / Incidents / Disciplinary Information / Fee Suits

Has the firm initiated lawsuits or arbitration procedures during the past two years to collect unpaid fees? (If yes, please also indicate how many)	☐ Yes	☐ No
Has any professional liability claim(s) or suit(s) been made against the firm or the attorneys in the past 5 years? (If yes, please complete a claim supplement for each)	☐ Yes	☐ No
Are you or the attorneys aware of any actual or alleged circumstance which may give rise to a claim? (If yes, please complete a claim supplement for each)	☐ Yes	☐ No
Have you or any of the attorneys been subject to any disciplinary inquiry, complaint, or proceedings? (If yes, please attach full details)	☐ Yes	☐ No
Have you or any of the attorneys been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any way? (If yes, please attach full details)	☐ Yes	☐ No

Has any attorney in the applicant firm declared bankruptcy in the last 7 years?	☐ Yes	☐ No
What percentage of the firm's account receivables are outside of 90 days?	%	
Has the firm initiated any lawsuits or arbitration procedures in the past two years to enforce the collection of unpaid fees due the firm? (If yes, indicate how many.)	☐ Yes	☐ No
Does your firm engage in or provide any client with advice regarding IRS Revenue Code Section 1031 like-kind property exchanges?	☐ Yes	☐ No
Does the firm have any account payables that are over 90 days past due?	☐ Yes	☐ No

This form is being submitted for a non-binding premium indication only.
By providing your phone number, fax number and email address, you are providing us with permission to respond to your request for legal malpractice insurance premium indications by phone, fax and/or email . This information is confidential and never provided to or sold to any other party.

Signed:_____ Date: _____