PREMIUM INDICATION REQUEST

Name of Law Firm:					
Street Address:					
City:		**County:**		**State:**	**Zip:**
Contact Name:			**Email:**		
Phone:		**Fax:**		**Website:**	
Policy Expiration Date: ___/___/___			**Firm Established Date:** ___/___/___		
Limits of Liability: $ ___/___			**Deductible: $** ___/___		

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: ___/___/___

Full-Time ☐ **Part-Time (less than 20 hours)** ☐

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

Policy Period	Insurer	Limits of Liability	Deductible	Premium	# of lawyers

Number of non-lawyer staff:

Attorney Name	Designation 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 Practioner **P**=Partner **RP**=Retired Partner

Administrative Questions

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 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 backup 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

Have 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 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

Does any of the firm's work involve representation of plaintiffs in class action or mass tort litigations? ☐ Yes ☐ No

Using the chart below, please identify the firm's areas of practice based on the firm's gross billings in the most recent complete fiscal year:

Area of Practice	Last Year	This Year	Current Breakdown within a Particular Area of Law: (Should Total 100%)					
Admiralty/Maritime	%	%	% Plaintiff	% Defense	% Other			
Antitrust/Trade Regulation	%	%	% Plaintiff	% Defense	% Other			
Appellate	%	%						
Bankruptcy	%	%	% Creditor	% Debtor	% Court Appointed Trustee			
Business & Commercial Litigation	%	%	% Plaintiff	% Defense	% Other			
Business Formation & Alteration	%	%	% Formation/ Dissolution	% Merger& Acquisitions	% Other			
Business Transactions/ Commercial Law	%	%	% Public Corporations	% Private Corporations/ Individuals	% Other			
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Other			
Collections	%	%	% Creditor	% Debtor	% Other			
Construction Law/Building Contracts	%	%	% Plaintiff	% Defense	% Transactional			
Consumer Claims (Not Class Action)	%	%						
Criminal Law	%	%						
Elder Law (Not Tax or ETP)	%	%						
Entertainment Law*	%	%	% Incl. Money Management	% Exc. Money Management				
Environmental Law	%	%	% Plaintiff	% Defense	% Other			
Estates/Trust/Probate	%	%	% Estate Planning	% Trust Administration	% Other			
Family Law	%	%	% Divorce	% Adoption	% Other			
Federal, State Government Lobbying	%	%	% General or Financial Advice	% Defense	% Other			
Financial Institutions*	%	%						
Immigration & Naturalization	%	%						
Intellectual Property*	%	%	% Patent	% Trademark/ Copyright	% Litigation			
International Law	%	%						
Labor/Employment	%	%	% Management	% Union/Labor	% Other			
Natural Resources/Oil & Gas	%	%	% Plaintiff	% Defense	% Other			
Personal Injury/Property Damage*	%	%	% Class Action/ Mass Tort Plaintiff *	% Class Action/ Mass Tort Defense				
			% Medical Malpractice Plaintiff*	% Medical Malpractice Defense				
			% Other PI/BI Plaintiff*	% Other PI/BI Defense				
Real Estate*	%	%	% Commercial	% Residential				
Securities/Corporate Bonds*	%	%	% Corporate Bonds	% Other				
Taxation/Tax Opinions/Tax Shelters	%	%	% Tax Shelters	% Corporate	% Other			
Workers' Compensation	%	%	% Employee	% Employee				
Other	%	%	Please Describe:					
	100%	100%						

This Premium Indication Request Does Not Constitute an Application for Insurance Coverage and Indicated Premiums or Terms Resulting from this Request is not Offers of Coverage. If Provided, any Premium Estimate or Terms Provided in this Premium Indication Request May Vary Widely from Premiums or Terms Subsequently Quoted.

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:**

Submit