



PROPOSAL FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD

Full Name of Applicant Firm		Business Phone with Area Code	E-mail Address
Principal Business Address		Business Fax with Area Code	Date Firm Established
City	County	State	Zip

1a. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney's Name	Type of Entity Solo, PC, PA, LLC, LP	Designation Code (Below)	Date of Hire	Years In Private Practice	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

Designation Code: E = Member/Employee of the Firm, OC = Of Counsel/Independent Contractor and F = Full Time, PT = Part Time attorney working less than 20 hours per week.

1b. Total number of:	Independent Contractors	Of Counsel	Paralegal	Other Staff
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2. Within the past five (5) years, has any member of the firm been the subject of any reprimand or disciplinary inquiry, complaint or proceeding or refused admission to the bar or any bar association, court or administrative agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES, provide full details on your letterhead.

3. After inquiry, is any attorney in the firm aware of: any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm or against any current or former attorney of the firm while affiliated with the firm or predecessor firm? If YES, a complete Claim Supplement form must be provided for each incident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a professional liability claim in the past (5) years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? If YES, a complete Claim Supplement form must be provided for each claim	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. For all new matters, does the firm use:		
Engagement Letters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When declining matters, does the firm use Declination Letters:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Indicate which of the following the firm uses to manage its docket and scheduling demands:		
<input type="checkbox"/> Computer	<input type="checkbox"/> Docket Clerk / Administrator	<input type="checkbox"/> Individual Attorney diaries
<input type="checkbox"/> Maintained by two separate people	<input type="checkbox"/> Daily or weekly office circulated master calendar	<input type="checkbox"/> Other – Describe
<input checked="" type="checkbox"/> Independently updated smart phone		

6. Describe the firm's system for detecting and avoiding conflicts of interest:					
<input type="checkbox"/> Index – Single	<input type="checkbox"/> Index – Multiple	<input type="checkbox"/> Computer	<input type="checkbox"/> Conflict Committee	<input type="checkbox"/> Oral / Memory	<input type="checkbox"/> Other - Describe

7. Provide current Limits: \$ /	Deductible: \$	Premium: \$	Expiration Date:
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8. Indicate percentage of time devoted to the following areas of practice.			
CATEGORY I.		REAL ESTATE – RESIDENTIAL*	
ADMINISTRATIVE		REAL ESTATE – TITLE *	
BANKRUPTCY*		TAXATION - COMMERCIAL	
COMMERCIAL & CORPORATE GENERAL LITIGATION – DEFENSE		WILLS / ESTATE / PROBATE / TRUST*	
CORPORATE FORMATION/ ALTERATION		WORKER'S COMPENSATION – PLAINTIFF	
CRIMINAL		OTHER PLAINTIFF WORK	
ERISA OR EMPLOYEE BENEFITS		SUBTOTAL (II)	
FAMILY LAW – EXCLUDING DIVORCE		CATEGORY III.	
IMMIGRATION		BANKING, OR FINANCIAL INSTITUTIONS SERVICES – LOAN DOCUMENTATION, BONDS, COMMERCIAL PAPER*	
LABOR MANAGEMENT REPRESENTATION		SECURITIES, BOTH EXEMPT AND NON-EXEMPT*	
MEDIATION / ARBITRATION		ENTERTAINMENT, SPORTS OR CELEBRITY*	
PERSONAL OR BODILY INJURY – DEFENSE		INVESTMENT COUNSELING / MONEY MANAGEMENT	
TAXATION – INDIVIDUAL		MERGERS/ ACQUISITIONS	
WORKER'S COMPENSATION – DEFENSE		OIL, GAS OR MINING	
OTHER DEFENSE WORK		COPYRIGHT, PATENT OR TRADEMARK*	
SUBTOTAL(I)		REAL ESTATE SYNDICATION / LIMITED PARTNERSHIPS/ DEVELOPMENT*	
CATEGORY II.		CLASS ACTION / MASS TORT – DEFENSE	
ADMIRALTY / MARITIME		CLASS ACTION / MASS TORT – PLAINTIFF	
BANKING OR FINANCIAL INSTITUTIONS SERVICES – OTHER THAN LOAN DOCUMENTATION*		MEDICAL MALPRACTICE	
CIVIL RIGHTS – PLAINTIFF		MOLD	
COLLECTIONS*		SUBTOTAL(III)	
COMMERCIAL & CORPORATE GENERAL LITIGATION – PLAINTIFF		CATEGORY IV.	
ENVIRONMENTAL*		OTHER (PLEASE DESCRIBE BELOW)	
FAMILY LAW – DIVORCE			

LABOR UNION REPRESENTATION/ EMPLOYEE RELATIONS		SUBTOTAL(IV)	
PERSONAL OR BODILY INJURY – PLAINTIFF*			
REAL ESTATE – COMMERCIAL*		GRAND TOTAL (I, II, III, IV)	
* INDICATES THAT COMPLETION OF THE CORRESPONDING SUPPLEMENT APPLICATION IS REQUIRED.			

Signature of Owner/Partner:	Date:
Print name:	Title: