



**PLEASE COMPLETE FOR A PRICE COMPARISON PROPOSAL ON YOUR
PROFESSIONAL LIABILITY INSURANCE**

Firm Name: _____ Contact Name: _____

Address: _____ Email Address: _____

Fax: _____ Phone: _____ Website: _____

CURRENT INSURANCE INFORMATION:

Is the firm currently insured? Yes/No _____ Date of coverage expiration: _____ Current carrier: _____

Current Limits of Liability: _____ Deductible: _____ Premium: _____

What is the total number of attorneys which were covered at the inception of the current policy: _____

What is date the firm first purchased continuous claims-made coverage? _____

Does the current policy provide full prior acts coverage? Yes/No _____ If no, what is the firm's prior acts exclusion date? _____

INSURANCE HISTORY

Please provide a listing of the firm's errors and omissions coverage for the last five (5) years, including the carrier name, limits of liability, effective/ expiration dates, deductible, premium and # of attorneys.

CARRIER	EFFECTIVE DATE	EXPIRATION DATE	LIMIT OF LIABILITY	DEDUCTIBLE	PREMIUM	# OF ATTYS

FIRM PROFILE

Date the firm was established: _____ Annual Revenue 2008 _____ Projected Revenue 2009 _____

Please provide the number of employees per the following positions:

Attorneys _____ Of Counsel _____ Paralegals _____ Law Clerks _____ Clerical _____ Other(Please describe) _____

Please complete the following schedule of lawyers for your firm:

	NAME	DESIGNATION*	OC HOURS (monthly)	DATE OF HIRE	MONTH/YEAR ADMITTED TO BAR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*Designation: O = Owner, Shareholder, Partner A= Associate, Employed Lawyer OC = of counsel

Please provide the percentage of each area of practice your firm engages in. Note the combined total of the practice must equal 100%.

Administrative	_____ %	Immigration	_____ %
Admiralty	_____ %	Insurance Defense	_____ %
Anti-trust/Trade Law	_____ %	International Law	_____ %
Appellate Law	_____ %	Investment Counseling/Money	_____ %
Arbitration/Mediation	_____ %	Juvenile	_____ %
Banking/Financial Institutions	_____ %	Labor - Management	_____ %
Bankruptcy - Consumer	_____ %	Labor Union Representation	_____ %
Commercial	_____ %	Lobbying	_____ %
Bodily/Personal Injury – Defense	_____ %	Medical Malpractice	_____ %
Bodily/Personal Injury – Plaintiff	_____ %	Municipal Law (No bond work)	_____ %
Bonds	_____ %	Oil/Gas/Mining	_____ %
Civil Litigation	_____ %	Patent/Trademarks/Copyright	_____ %
Civil Rights	_____ %	Real Estate – Commercial	_____ %
Collection - Consumer	_____ %	Real Estate - Residential	_____ %
Commercial	_____ %	Securities	_____ %
Commercial Law	_____ %	Bonds	_____ %
Construction Law	_____ %	Tax Opinions	_____ %
Corporate Formation	_____ %	Tax Preparation - Individuals	_____ %
Corporate General	_____ %	Tax Preparation - Commercial	_____ %
Corporate Mergers/Acquisitions	_____ %	Title/Residential	_____ %
Criminal	_____ %	Title/Commercial	_____ %
Entertainment	_____ %	Workers' Comp. Defense	_____ %
Environmental Law	_____ %	Workers' Comp. Plaintiff	_____ %
Estate Planning	_____ %	Other: _____	_____ %
Estate/Trust/Probate/Wills	_____ %	Other: _____	_____ %
Family Law	_____ %	Other: _____	_____ %
General Litigation	_____ %		
Government Law	_____ %		
Guardianships	_____ %		

Has the firm been involved in any class action/mass tort cases in the last 5 years? Yes/No _____

FIRM MANAGEMENT and ADMINISTRATION:

1. Which of the following does the firm utilize for its docket/calendaring system?

Computer Tickler System Two calendars Perpetual calendar Daytimer Other

How often are the systems cross-checked? Daily Bi-weekly Weekly Monthly Other

Is the system maintained by at least 2 people? Yes/No _____

2. If a sole practitioner, does the firm have a back-up attorney? Yes/No _____

3. Which of the following does the firm currently use:

Engagement letters on all new matters to the firm? Yes/No _____ Written fee agreements? Yes/No _____

Declination letters? Yes/No _____ Termination/Closing letters? Yes/No _____

(use of engagement letters and non-engagement letters are required to qualify for coverage)

4. How does the firm avoid conflicts of interest? Oral/Memory Index File Computer Committee Other

5. Does any attorney in the firm serve as a director, officer or employee in any client of the firm's business enterprise (Yes/No _____) and/or does any attorney hold an equity interest in any client's business enterprise? Yes/No _____.

If yes to either of the above, please attach any previous supplements your firm may have submitted to past/current malpractice insurance carriers regarding these outside interests and equity positions. Please take a moment to review and update the supplement as necessary. If you have not previously provided this information, please do so in the additional comments box below.

6. During the past 3 years, has any member of the firm been reprimanded, suspended or disbarred from practice by any court or administrative agency? Yes/No _____. If yes, provide full details in the additional comments box below.

7. During the past 2 years, how many times has the firm sued for the collection of unpaid fees for legal services? _____

8. During the past 5 years, has any member of the firm had a malpractice claim filed against them or reported an incident or circumstance to its malpractice insurance carrier? Yes/No _____

If yes, please provide the date of each claim/incident, the insurance carrier the claim/incident was reported to, the status of the claim/incident, the total payments made to date, the insurer's loss reserve, and the claimant's settlement demand. Any prior claim supplements with appropriate updates will be helpful.