



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

Firm Name: _____ Contact Name: _____

Principal Address: _____ (PH): _____ (FAX): _____

City: _____ State: _____ County: _____ Zip: _____

Website: _____ Contact Email Address: _____

A. CURRENT INSURANCE:

1. Is the firm currently insured? Yes/No _____ Current Coverage Expires: _____
2. Current carrier: _____ Current limits of liability: _____
 Deductible: _____ Premium: _____
 # of attorneys that were covered at the inception of the current policy: _____
3. Has the firm maintained continuous claims-made coverage for at least the last 7 years? Yes/No _____ Does the current policy provide full prior acts coverage? Yes/No _____ If no, what is the firm's prior acts exclusion date? _____

B. 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, deductible, premium and # of attorneys.

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

C. FIRM PROFILE

1. Date the firm was established: _____
2. Firm Revenues: _____ Current year _____ Prior year
3. Number of: _____ Attorneys _____ Of Counsel _____ Paralegals _____ Law Clerks
 _____ Secretaries _____ Clerical _____ Other (please describe)

Complete the schedule of lawyers below and supply a sample for firm stationary

	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

D. FIRM MANAGEMENT and ADMINISTRATION:

1. Docket/Calendaring System: Does the firm use a: Computer Tickler System Two calendars Perpetual calendar Daytimer Other
 - a. Is the system maintained by at least 2 people? Yes/No _____
 - b. How often are the systems cross-checked? Daily Bi-weekly Weekly Monthly Other
2. If a sole practitioner, does the firm have a back-up attorney? Yes/No _____
3. Does the firm 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 _____
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.
8. During the last 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 on a separate sheet of paper.
9. During the past 2 years, how many times has the firm sued any of its clients for the collection of unpaid fees for legal services? _____
10. Over the last 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.

D. AREAS OF PRACTICE

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	_____ %	Labor Union Representation	_____ %
Bodily/Personal Injury - Defense	_____ %	Lobbying	_____ %
Bodily/Personal Injury - Plaintiff	_____ %	Medical Malpractice	_____ %
Bonds	_____ %	Municipal Law (No bond work)	_____ %
Civil Litigation	_____ %	Oil/Gas/Mining	_____ %
Civil Rights	_____ %	Patent/Trademarks/Copyright	_____ %
Collection - Consumer	_____ %	Real Estate Development	_____ %
Commercial	_____ %	Real Estate - Commercial	_____ %
Commercial Law	_____ %	Real Estate - Residential	_____ %
Construction Law	_____ %	Real Estate Syndication	_____ %
Corporate Formation	_____ %	Securities	_____ %
Corporate General	_____ %	Bonds	_____ %
Corporate Mergers/Acquisitions	_____ %	Limited Partnerships	_____ %
Criminal	_____ %	Tax Opinions	_____ %
Entertainment	_____ %	Tax Preparation - Individuals	_____ %
Environmental Law	_____ %	Tax Preparation - Commercial	_____ %
Estate Planning	_____ %	Title/Residential	_____ %
Estate/Trust/Probate/Wills	_____ %	Title/Commercial	_____ %
Family Law	_____ %	Traffic	_____ %
Fiduciary	_____ %	Workers' Comp. Defense	_____ %
Foreclosures	_____ %	Workers' Comp. Plaintiff	_____ %
Foreign Law	_____ %	Other: _____	_____ %
General Litigation	_____ %	Other: _____	_____ %
Government Law	_____ %	Other: _____	_____ %
Guardianships	_____ %	Other: _____	_____ %

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

Completing this form does not constitute a binder or obligate the insurance company to issue a policy, nor does it obligate the applicant.

Return the completed form to:

**TODD ASSOCIATES, INC.
23825 COMMERCE PARK RD
SUITE A
BEACHWOOD, OH 44122
800-878-2450 (TOLL-FREE)
440-461-1101 (PHONE)
440-446-0192 (FAX)**

ATTN: TERRI TAMBURRO

Or if you prefer, feel free to email it to:

ttamburro@toddassociates.com