



**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	_____ %		

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.

BANKRUPTCY SUPPLEMENTAL QUESTIONS:

1. Do you advertise? _____ If yes, does the advertising offer assistance with bankruptcy matters and/or credit counseling? _____ Please provide copies or transcripts of advertisements.
2. Do you offer advice to debtors concerning filing for bankruptcy relief on a pro se basis? _____ Do you prepare or draft documents for such debtors? _____
3. In handling consumer bankruptcy matters, does the applicant utilize forms, checklists or similar aids? If no, please provide an explanation.
4. Please provide a narrative detailing what firm personnel interact with clients and prospective clients on bankruptcy matters ie: attorneys, paralegals, clerical personnel, etc. Please also provide details of the training received in consumer bankruptcy.
5. Has any attorney ever been sanctioned or had any award of penalties, fees or costs assessed against it in connection with a bankruptcy matter? If so, provide details.

(Signature of Principal)

(Title)

(Date)

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, SUITE A
CLEVELAND, OH 44122
800-878-2450 (TOLL-FREE)
440-461-1101 (PHONE)
440-446-0192 (FAX)**

ATTN: TERRI TAMBURRO or GARY OCHI

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

ttamburro@toddassociates.com

gochi@toddassociates.com