



## Lawyers Professional Liability Insurance Premium Indication Form\*

\* Note: This form is for a premium estimate only and cannot be used to bind coverage. Coverage may only be bound once a formal application is made to and accepted by the insurance company with the delivery of a formal QUOTATION and offer to bind.

Applicant: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_

1. Please provide the following for all lawyers at all locations:

First Name	M.I.	Last Name	Date of Hire w/Applicant Firm	Hours/week			Retro Date	Years in Private Practice
				<10	11-25	26+		

2. Please list the firm's gross revenue for the:

Prior 12 Months	Current 12 Months	Next 12 months (forecast)
\$ _____	\$ _____	\$ _____

3. Please provide the firm's percentage of billable hours stated as a whole number. *The combined categories need to total 100%:*

%	Area of Practice	%	Area of Practice	%	Area of Practice	%	Area of Practice
	Admiralty/Marine		Construction		Labor Management		Civil Litigation Defense
	Arbitration/Mediation		Consumer Claims		Labor Union		Civil Litigation Plaintiff
	Anti-Trust / Trade Regulation		Corporate Business Organization		Local Government		Civil Rights/Discrimination
	Banking / Financial Institutions		Corporate General		Natural Resources		Class Action/Mass Tort
	Bankruptcy		Copyright/Trademark		Oil & Gas		Collection
	BI/PD Plaintiff		Criminal		Real Estate Residential		Family Law
	BI/PD Defense		Environmental		Real Estate Commercial		Government Contracts/Claims
	Business Trans / Commercial		Estate Planning		Securities		Immigration/Naturalization
	International Law		Tax		Intellectual Property		Wills, Estate, Trust, Probate
	Workers Comp - Defense		Workers Comp-Plaintiff		Other:		Describe Other:
Total for all practice areas:				100%			

4. Current Legal Malpractice Insurer: \_\_\_\_\_ Policy Retroactive Date: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

5. Has the applicant or its predecessor ever had its insurance declined, cancelled or non-renewed YES NO
6. Have any of the applicant's lawyers been the subject of any disciplinary action or complaint in the last five years? YES NO
7. Has the applicant or its predecessor had a claim or a potential claim made against them in the last five years? YES NO
8. Does anyone proposed for this insurance know of an act error or omission that could lead to a claim being made? YES NO
9. Has this potential claim been reported to your insurance company? YES NO N/A

If YES to question 7 or 8 above, please e-mail a current carrier loss history report(s) for the last five years to [info@liabilityproinsurance.com](mailto:info@liabilityproinsurance.com)

<i>Signature</i>	<i>Title</i>	<i>Date:</i>
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