



## Lawyers Professional Liability Premium Estimate Fast-Fax

Applicant: \_\_\_\_\_ Year Est. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ County: \_\_\_\_\_

### Percentage Of Income Derived from the Following Areas Of Practice:

<input type="checkbox"/> Abstracting / Title <input type="checkbox"/> Ad Valorem Tax <input type="checkbox"/> Admiralty - Plaintiff <input type="checkbox"/> Admiralty - Defendant <input type="checkbox"/> Antitrust / Trade Regulation <input type="checkbox"/> Banking <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Bonds <input type="checkbox"/> Civil Rights <input type="checkbox"/> Collections <input type="checkbox"/> Commercial Lit. - Plaintiff <input type="checkbox"/> Commercial Lit. - Defendant <input type="checkbox"/> Communication (FCC) <input type="checkbox"/> Copyright / Patent / Trademark <input type="checkbox"/> Criminal <input type="checkbox"/> Domestic and Family Relations	<b>Corporate:</b> <input type="checkbox"/> Administrative Law <input type="checkbox"/> Formation <input type="checkbox"/> Mergers & Acquisitions <input type="checkbox"/> General (describe): _____ <input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental <input type="checkbox"/> Estate Planning <input type="checkbox"/> Estate / Probate / Trust <input type="checkbox"/> ERISA <input type="checkbox"/> Financial Planning & Investment Counseling <input type="checkbox"/> Foreclosure /Repossession <input type="checkbox"/> Health <input type="checkbox"/> Housing Court	<input type="checkbox"/> Immigration <input type="checkbox"/> Insurance Co. - Defendant <input type="checkbox"/> International <input type="checkbox"/> Juvenile Proceedings <input type="checkbox"/> Labor - Management <input type="checkbox"/> Labor - Union <input type="checkbox"/> Limited Partnerships <input type="checkbox"/> Mediation / Arbitration <input type="checkbox"/> Municipal <input type="checkbox"/> (Do not include Bond Practice - Reflect Bonds in Bond category) <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Public Utilities <b>Personal Injury:</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	<input type="checkbox"/> Real Estate - Commercial <input type="checkbox"/> Real Estate - Residential <b>Securities Law:</b> <input type="checkbox"/> Federal SEC <input type="checkbox"/> Federal Exemptions <input type="checkbox"/> State SEC <input type="checkbox"/> Private Placements <input type="checkbox"/> Social Security Admin. <input type="checkbox"/> Syndication <input type="checkbox"/> Taxation - individual <input type="checkbox"/> Taxation - Corporate <input type="checkbox"/> Water Law <input type="checkbox"/> Wills and Trusts <input type="checkbox"/> Workers Comp - Plaintiff <input type="checkbox"/> Workers Comp - Defendant <input type="checkbox"/> Other: _____
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### Current Coverage

(All Items Must Be Completed)

<b>Carrier:</b>	<b>Limit:</b>
<b>Expiration Date:</b>	<b>Deductible:</b>
<b>Retroactive or Prior Acts Date:</b>	<b>Premium:</b>

1. Has the firm or any attorney at the firm had any Claims, Suits or Incidents in the Past 5 Years: Yes [ ] No [ ]  
     **(If Yes, complete the attached Claim Supplement)**
2. Does the firm do any Class Action, Mass Tort or Toxic Tort Class action? Yes [ ] No [ ]
3. Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim? \_\_\_\_\_
4. Have 50% of the firm's attorneys attended CLE in the last 12 months? \_\_\_\_\_
5. Number of Docket Control Systems? \_\_\_\_\_ Computerized? Yes [ ] No [ ]
6. Do you have a Conflict of Interest control system? \_\_\_\_\_
7. Has any attorney with the firm ever been disciplined or denied the right to practice? \_\_\_\_\_
8. Number of Support Staff? \_\_\_\_\_
9. CIRCLE any used by firm: (A) Retainer agreements; (B) Engagement letters; (C) Non-Engagement letters; (D) Disengagement letters

**This Form is For Estimate Purposes Only!**  
**Please Attach a Copy of Firm Letterhead, Lawyer Detail Addendum**  
**(see attached) and a Copy of Policy Declarations Page.**

