



**LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Firm Name: _____ County: _____
 Address _____ City: _____ State: _____ Zip: _____

Firm Information

Date Established: _____ # of Attorneys: _____ # Of Counsels: _____ # Support Staff: _____

# Attorneys (excl OCs) and years with applicant:		Current Insurance	
# of years	# of attorneys	Carrier:	
5+ years		Limits / Deductible:	
4 years		Annual Premium:	
3 Years		Retroactive Date:	
2 Years		Policy Period:	
1 Year		Date of first continuous claims-made coverage :	
Less than 6 months		Gross Annual Income:	

1. Internal Controls

- a. Do you maintain a Docket Control System with at least two independent date controls? Yes No
 b. Are engagement and non-engagement letters used on a regular basis? Yes No
 c. Is a Conflict of Interest System maintained? Yes No
 d. Number of fee suits filed against clients in the past two (2) years:..... _____
 e. How many attorneys have participated in CLE during the past twelve months? _____

2. Claim History

Are you aware of any claims against your firm, or any incidents that could result in a claim against your firm, within the past seven (7) years? Yes No If "YES", how many? _____
 Provide specific details of each (a description of the allegations, current reserve, indemnity paid, expenses paid, etc...).

3. Disciplinary Actions

Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by a court administrative agency or regulatory body? Yes No
 Provide specific details of each (date, details of the events that led to the action, and the action taken).

Area of Practice Percentages (percentages must total 100%)

DEFENSE	%	Abstracting / Title	Health
Arbitration / Mediation	___	Ad Valorem Tax – Commercial	Immigration
BI/PI	___	Ad Valorem Tax – Residential	International
Civil Rights / Employment	___	Administrative Law	Investment Cnslng / Money Mgt
Class Action / Mass Tort	___	Adoptions	Labor – Employee / Union
Commercial Litigation	___	Antitrust Trade Regulations	Limited Partnerships
Criminal	___	Banking / Financial Institutions	Local Government / Municipal
Insurance Company	___	Bankruptcy	Mergers & Acquisitions
Medical Malpractice	___	Collection / Repossession	Oil and Gas
Workers Compensation	___	Communication	Patent
		Construction	Private Placements
		Copyright	Public Utilities
PLAINTIFF		Corporation Formation	Real Estate – Commercial
BI/PI Plaintiff	___	Corporate General	Real Estate – Development
Civil Rights / Employment	___	Divorce	Real Estate – Residential
Class Action / Mass Tort	___	Entertainment	Securities or Bonds
Commercial Litigation	___	Environmental	Social Security
Medical Malpractice	___	Estate Planning	Syndications
Workers Compensation	___	ERISA	Trademark
		Family Law (other than Divorce)	Venture Capital
TAX – Individual Preparation	___	Fiduciary	Wills and Trusts
TAX – Commercial Preparation	___	Foreclosures	Other: _____
TAX – Opinions	___		

PLEASE NOTE: This Worksheet is intended for the purpose of obtaining a Preliminary Premium Indication only.

Submitting Agency:	Date:
Contact:	Phone:
	Email: