



PREMIUM INDICATION LAWYERS PROFESSIONAL LIABILITY

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Firm Established Date: _____ Current Insurance Carrier: _____

Policy Period: _____ Limits: _____ Deductible: _____ Premium: _____

Please list all attorneys practicing on behalf of your firm.

Attorney Name	Yrs. in Private Practice	Designation Code		Current Retro Date	CLE Hours

Designation Codes: E = Member/Employee of Firm OC = Of Counsel/Independent Contractor
F = Full Time Attorney P = Part Time Attorney (26 hours or fewer per week)

Do you maintain a Docket Control System with at least two independent date controls?..... Y N

Is a Conflict of Interest System maintained? Y N

Are engagement and non engagement letters used on all matters? Y N

Claims / Incidents against your firm in the past 5 years? Y N

If "Yes", how many? _____ Please provide details: _____

Has any member of the firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administration agency or regulatory body? Y N

If "Yes", please provide details: _____

Area of Practice Percentages (percentages must total 100%)

Area of Practice	%	Area of Practice	%
Admiralty/Maritime		Government – Federal & State	
Antitrust		Government – Local (Not Bond Work)	
Arbitration/Mediation		Immigration/Naturalization	
Business Transactions – Corporate & Commercial		International Law	
Business Transactions – Entertainment		Labor Law	
Civil Rights/Discrimination		PI/PD – Plaintiff	
Collection/Bankruptcy		Insurance Defense	
Construction Law (Building Contracts)		Workers Compensation – Defense	
Consumer Claims		Workers Compensation - Plaintiff	
Business Organization:		Natural Resources/Oil & Gas	
Formation/Alteration & Mergers/Acquisitions		Copyright/Trademark	
Secured Transactions		Patent	
Administrative Law/Record Keeping		Real Estate	
Criminal		Securities Law:	
Environmental Law		State of federal (both exempt & registered)	
Estate/Trust/Probate		Municipal Bonds	
Family Law		Taxation/Tax Opinions	

Submitting Agency: _____ Contact Person: _____

Email Address: _____ Phone Number: _____