

**LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Broker Name: _____ Broker Phone: _____
 Law Firm: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Firm Information

Establish Date: _____ # of Attorneys: _____
 # of "Of Counsel": _____ # of Support Staff: _____
 # of Attorneys (excl. OCs) and years at firm:

less than 6 months _____
 1 year _____ 5 years _____
 2 years _____ 6 years _____
 3 years _____ 7 years _____
 4 years _____ 8+ years _____

How many attorneys have participated in CLE during the
 past twelve months? _____
 Estimated annual gross income? _____

Internal Controls

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 a
 regular basis? Y N
 Is this a full time private practice of law? Y N
 If Plaintiff litigation was performed, what is the largest judge-
 ment/settlement received in past 3 years? _____

Current Insurance

Carrier: _____
 Limits & Deductible: _____
 Premium: _____
 Retroactive/Prior Acts Date: _____
 Policy Expiration Date: _____
 Date of first continuous claims-made coverage: _____

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 five
 years? Y N If "YES", how many? _____ Please provide specific details of each, including a description of the
 allegations, current reserve and/or indemnity paid, expenses paid, etc.
 Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in
 contempt by the court administrative agency or regulatory body? Y N If "YES", please provide details.

Area of Practice Percentages (percentages must total 100%)

Admiralty/Marine	%	Environmental	%	Real Estate-Title Work *	%
Antitrust/Trade Regulation	%	ERISA	%	Securities/State & Federal (SEC)*	%
Arbitration/Mediation	%	Est. Planning/Probate/Trusts/Wills *		Securities-Private Placement*	%
Banking	%	~Less than \$1,000,000	%	Securities-Bonds*	%
Bankruptcy	%	~1,000,000 - 5,000,000	%	Social Security Disability	%
Bodily Injury/Defense	%	~Greater than 5,000,000	%	Tax Preparation	%
Bodily Injury/Plaintiffs*	%	Government/Municipalities	%	Tax Opinions	%
~Medical Malpractice	%	Immigration	%	Workers Comp/Defense	%
~Products	%	International Law	%	Workers Comp/Plaintiff	%
~Class Action**	%	Investment Counseling	%	Other-Describe in Detail:	%
Collection	%	Labor Relations	%		
Copyright - TM*	%	Real Estate-Residential*	%		
Copyright - Patent*	%	~Maximum Dollar Value \$ _____			
Corporate	%	Real Estate-Commercial*	%		
Criminal	%	~Maximum Dollar Value \$ _____			
Domestic Relations	%	Real Estate-Synd Devel.*	%		
Entertainment	%	~Maximum Dollar Value \$ _____			
				Total(Must equal 100%)	0

*Supplement may be required to determine eligibility & pricing.

**Provide detailed information.

PLEASE NOTE: This worksheet is intended for the purpose of obtaining a Preliminary Premium Indication. In order for us to extend a firm
 Premium Quotation, a fully completed application and applicable supplements will be needed.