



PROFESSIONAL RISK GROUP
 _____ **LLC** _____

*Lawyers' Professional Liability
 Premium Indication Form*

Please complete all parts of this form and return with a sample of the firm's letterhead. Please note this application is for an indication quote only. Formal terms are subject to review of fully completed application and any required supplements.

1) **Name of Firm:** _____ **Year Established:** _____

Contact Person: _____

Address: _____

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

Telephone: _____ **Fax:** _____

Email Address: _____

2) **Current Insurance**

Policy Term/Effective Date	Limit	Deductible	Carrier	Premium

***If no coverage in place what is desired effective date:** _____

3) **Attorneys (If not enough room for additional Attorneys, please attach by addendum on letterhead)**

Attorney Name	D/C*	Retroactive or Prior Acts Date	Years In Practice	Date Joined Firm (mm/dd/yyyy)	Average # of hours worked/ week

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*Designation Codes (D/C) O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers, S = Sole Proprietor, E = Employed lawyers, C = Of Counsel Attorneys, I/C = Independent Contractors, PT = Part-Time lawyers (work less than 26hrs/week on average for firm)

4) If applying as a Sole Practitioner for **Part Time Coverage**, are you are employed in any capacity other than working as a Part Time Lawyer? Yes No N/A

5) Claims/Incidents/Disciplinary Matters:

a) Has any professional liability claim or suit been made in the past five years against the firm or any predecessor firm or any current or former member of the firm while affiliated with the firm Yes No Total Number: _____

b) During the past five years, does any firm member know of any circumstance, situation, act or error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm?

Yes No Total Number: _____

If 'yes' response to either 4a or 4b, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed. If needed, please contact us for a copy of a Claim Supplement to provide details on the matter(s).

c) During the past five years has any Attorney in Question 3 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No
Note, if yes – please provide firm’s explanation of matter or copy of complaint with the firm’s response and an update as to the status of the matter with Grievance Comm.

d) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association? Yes No

6) **Suits for Fees:** How many suits for the collection of fees have been filed against clients in the past 2 years? _____

7) **Other Offices:** Please list other offices of the firm not listed in this form by addendum _____

8) Administrative Controls:

Does the firm maintain a Docket Control System with at least two Independent controls?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is one of the controls computerized?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the firm use engagement letters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does firm maintain a conflict of interest system?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9) Does the firm handle or represent or engage in any **Mass Tort or Class Action** work? Yes No

10) Does the firm have any clients whose firm billings are over 25%? Yes No

11) Please complete the Area of Practice Grid and return along with the Premium Indication Form. Note: If any area is denoted by a * we will need a supplement completed

I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound after the carrier’s fully completed application and applicable supplements has been submitted and approved by the carrier.

Signature: _____

Date: _____
mm / dd / yyyy

Print Name: _____

Title: _____

PLEASE RETURN BACK TO:

Jason Bowie EMAIL: jbowie@professionalriskgroup.com FAX: 267-639-9194 or visit us at www.professionalriskgroup.com for more details

Area of Practice	This Year (Total should equal 100%)	Current breakdown within particular area of law: (Should equal 100%)		
Admiralty/Maritime	%	% Plaintiff	% Defense	% Other
Alternative Dispute Resolution	%			
Antitrust	%	% Plaintiff	% Defense	% Other
Business Formation & Alteration	%	Formation/ % Dissolution	Mergers & % Acquisitions	% Other
Business Transactions—Corporate & Commercial	%	Public % Corporation	Private Corporations/ % Individuals	% Other
Civil Rights & Discrimination	%	% Plaintiff	% Defense	% Other
Bankruptcy/Collection/Foreclosure*	%	% Creditor	% Debtor	Court Appointed % Trustee
Business & Commercial Litigation	%	% Plaintiff	% Defense	
Construction Law/ Building Contracts	%	% Plaintiff	% Defense	% Transactional
Consumer Claims/ Administrative Law	%			
Criminal Law	%			
Employee Benefits	%			
Environmental Law	%	% Plaintiff	% Defense	% Other
Estate, Probate & Trust*	%	Estate % Planning	Trust % Administration	% Other
Family Law	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	General or Financial % Advice	% Defense	% Other
Financial Institutions*	%	General % Counsel	Regulatory % Counsel	% Other
General Civil Litigation	%	% Plaintiff	% Defense	
Health Care	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%			
Insurance Defense	%	% Litigation	% Coverage	% Other
Intellectual Property*	%	% Patent	% Trademark/ Copyright	% Litigation
Labor & Employment	%	% Management	% Union/Labor	% Other
Natural Resources/ Oil & Gas	%	% Plaintiff	% Defense	% Other
Real Estate*	%	% Commercial	% Residential	% Other
Securities	%			
Taxation/Tax Opinions	%	% Personal	% Corporate	% Other
Workers' Compensation	%	% Plaintiff	% Defense	
Other (Please Describe	%			
TOTAL: (SHOULD EQUAL 100%)				