LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET

Firm Name: _____

Address: _____ City: _____ State: _____

Firm Information

Establish Date: _____ # of Attorneys: _____

of "Of Counsel": _____ # of Support Staff: _____

of attorneys (excl. OCs) and their years of experience:

# of years	# of attorneys
5+ years	_____
4 years	_____
3 years	_____
2 years	_____
1 year	_____
less than 6 months	_____

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 ___

Current Insurance

Carrier: _____

Limits & Deductible: _____

Premium: _____

Retroactive/Prior Acts Date: _____

Policy Term: _____

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%)

Administration	____%	Domestic Relations/Family	____%	Public Utilities	____%
Admiralty/Maritime	____%	Employee Benefits	____%	Real Estate/Commercial	____%
Antitrust/Trade Regulation	____%	Entertainment/Sports	____%	Real Estate/Residential	____%
Arbitration/Mediation	____%	Environmental	____%	School Law	____%
Banking/Financial Institutions	__%	Estates/Probate/Wills/Trusts	___%	Securities	____%
Bankruptcy	____%	Foreign/International	____%	Social Security/Elder Law	____%
BI/PI Defense	____%	Healthcare	____%	Tax/Corporate	____%
BI/PI Plaintiff	____%	Insurance	____%	Tax/Individual	____%
Civil Rights/Discrimination	____%	Investments/Money Mgmt	____%	Water Rights	____%
Collection/Repossession	____%	Labor Law/Management	____%	Work Comp/Defense	____%
Communication/FCC	____%	Labor Law/Union	____%	Work Comp/Plaintiff	____%
Copyright/Trademark	____%	Mergers & Acquisitions	____%	Other (describe):	
Corporate-Formation	____%	Municipal	____%	_____	____%
Corporate-General	____%	Oil/Gas/Minerals	____%	_____	____%
Criminal	____%	Patent	____%	TOTAL:	100%

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Submitting Agency: _____

Contact Person: _____ Phone #: _____