

# Attorneys Professional Liability Premium Indication Form

**FAX:** \_\_\_\_\_

1. Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Principal Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date firm established: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Current Policy Effective Date? \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

2. Please list all attorneys in the firm. All attorneys must be listed to be considered as insured. Use additional paper if necessary

ATTORNEY NAME	Year Private Practice Began	States Admitted	DC*	# Of Hours Worked Per Week For Firm (IC, OC or PT ONLY)	Date Joined Firm	CLE Hours

\*O- Owners, Officers, Directors, Shareholders P- Partners PT-Part Time (<20 hrs/wk) IC - Contract or per diem attorneys for whom coverage is desired  
 A- Associate Attorney employed by firm OC- Of Counsel attorneys for whom coverage is desired

3. Indicate the percentage of Revenue Generated in each specialty during the previous year. The grand total must equal 100%. Express percentages in whole numbers next to the TYPE OF LAW practice, not the business of the client you represent.

## Group 1

Admiralty/Maritime	_____ %	Election & Campaign	_____ %
Administrative (Social Security Disability)	_____ %	ERISA/Employee Benefits/Executive Compensation	_____ %
Agricultural	_____ %	Employment	_____ %
Alternative Dispute (Arbitration/Mediation)	_____ %	Family	_____ %
Antitrust/Trade Regulation	_____ %	Governmental (Non-Contracts, Non-Lobbying)	_____ %
Appellate – Criminal	_____ %	Governmental Contracts	_____ %
Appellate – Civil	_____ %	Governmental Relations/Lobbying	_____ %
Aviation & Aerospace	_____ %	Healthcare (Non-Malpractice)	_____ %
Bankruptcy	_____ %	Immigration	_____ %
Business/Commercial – General and Contracts	_____ %	Indigent Legal Services	_____ %
Civil Litigation – Defense other than Insurance	_____ %	Insurance (Non-Defense)	_____ %
Civil Litigation – Insurance Defense	_____ %	International Trade	_____ %
Civil Rights	_____ %	Labor – Management	_____ %
Communications	_____ %	Labor – Unions	_____ %
Constitutional	_____ %	Military	_____ %
Construction	_____ %	Municipal (other than Securities)	_____ %
Corporate General	_____ %	Probate/Trust/Wills/Estates	_____ %
Criminal	_____ %	Tribal & Native Populations	_____ %
Education	_____ %	Workers' Compensation/Defense	_____ %
Elder Law	_____ %	Workers' Compensation/Plaintiff	_____ %

## Group 2

		<b>GROUP 1 SUB-TOTAL</b>	_____ %
Banking & Finance	_____ %	Investment Counseling	_____ %
Bonds	_____ %	Mergers & Acquisitions	_____ %
Civil Litigation – Legal Malpractice	_____ %	Natural Resources/Mining & Minerals/Oil & Gas/Energy	_____ %
Civil Litigation – Mass Tort/Class Action	_____ %	Real Estate – Residential	_____ %
Civil Litigation – Medical Malpractice	_____ %	Real Estate – Commercial	_____ %
Civil Litigation – Not Otherwise Classified	_____ %	Real Estate – Syndication/Development	_____ %
Civil Litigation – Other Malpractice	_____ %	Real Estate – Title Work	_____ %
Civil Litigation – Personal Injury	_____ %	Real Estate – Condo Offering	_____ %
Civil Litigation – Products Liability	_____ %	Real Estate – Foreclosure/Loan Workout	_____ %
Corporate Formation (other than M&A)	_____ %	Securities – Publicly Traded	_____ %
Debtor & Creditor/Collections	_____ %	Securities – Private Placement	_____ %
Entertainment/Sports/Fine Art/Media/Public Figures	_____ %	Tax – Individuals	_____ %
Environmental	_____ %	Tax – Opinions/Corporate	_____ %
Intellectual Property	_____ %	<b>GROUP 2 SUB-TOTAL</b>	_____ %

\*(Please complete the **Areas of Practice Supplemental Application** if any revenue in any of **Group 2**)

**COMBINED TOTAL (MUST EQUAL 100%)** \_\_\_\_\_ %

- 3a. If % in BI/PI Plaintiff what is average case value? \_\_\_\_\_ What is max value? \_\_\_\_\_
4. Does the firm perform class action services? ☐ No ☐ Yes If yes, defense only? ☐ No ☐ Yes
5. Fee suits in past 3 years: \_\_\_\_\_ # Support Staff: \_\_\_\_\_ If solo, back up attorney? ☐ No ☐ Yes
6. Does the firm have a dual system for docket control and calendar? ☐ No ☐ Yes Computerized? ☐ No ☐ Yes
7. Does the firm issue engagement, declination letters, and disengagement/closing letters on a regular basis? ☐ No ☐ Yes
8. Please answer the following questions regarding the firm's Insurance Coverage:  
 Current Insurance Co.? \_\_\_\_\_ Current Limit of Liability? \_\_\_\_\_  
 Current Deductible? \_\_\_\_\_ Current Policy Premium? \_\_\_\_\_  
 Provide the number of years the firm has had continuous professional liability coverage: \_\_\_\_\_
9. In the last five years, has any insurer declined, canceled, non-renewed your professional liability policy? ☐ No ☐ Yes
10. Has any attorney in the firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or have any disciplinary complaints or ongoing disciplinary investigations? ☐ No ☐ Yes
11. During the past five years, has any professional liability claim, suit or potential claim been made against any past or present attorney of the firm or are you aware of any act, error or omission that can result or give rise to a claim, potential claim or incident? If yes, provide specific details. ☐ No ☐ Yes

This form should be returned to 985-624-8918 or Raymond@weinsuresmart.com