



PLUS COMPANIES

LAWYER'S PROFESSIONAL LIABILITY INSURANCE PREMIUM INDICATOR

Proposed Effective Date: From _____ To _____
12:01 a.m. Standard Time at the address of the Applicant.

I. GENERAL INFORMATION

- Applicant: _____
- Street Address: _____ City: _____
County: _____ St: _____ Zip: _____
- Telephone Number: _____ Year Established: _____

II. APPLICANT'S PRACTICE

- Practice Areas. Describe the Applicant's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following:

CATEGORY A		CATEGORY B		CATEGORY C	
Administrative		Government Law		International Law	
Appellate		Title/Commercial		Juvenile	
Arbitration		Title/Residential		Labor/Management Representation	
Criminal		Traffic			
Immigration					
Mediation					
Municipal Law					
SUBTOTAL A		SUBTOTAL B		SUBTOTAL C	

CATEGORY D		CATEGORY E		CATEGORY F	
Litigation:		Civil Rights		Admiralty	
Plaintiff: BI/PI		Foreign Law		Antitrust	
Class Action or Mass Tort		Guardianships		Banking	
Medical Malpractice				Commercial Law	
Other Litigation				Corporate Formation	
Defense: Class Action				Foreclosures	
Insurance				General Corporate Advice	
(Excluding Med Mal)				Lobbying	
Medical Malpractice				Tax Preparation	
Other BI/PI					
Other Litigation					
SUBTOTAL D		SUBTOTAL E		SUBTOTAL F	

CATEGORY G		CATEGORY H		CATEGORY I	
Bankruptcy		Entertainment		Adoptions	
Collection		Fiduciary		Environmental Law	
Construction		Investment Counseling		High Profile Divorce (greater than 10 Million Marital Assets)	

Estate Planning		Labor/Union Representation		Limited Partnership Formation	
Estate, Trust, Wills		Mergers/Acquisitions (Corporate)		Oil/Gas/Mining	
Family Law		Purchase/sale of business		Real Estate Development	
Patent, Trademark, Copyright Litigation					
Tax Opinions					
SUBTOTAL G		SUBTOTAL H		SUBTOTAL I	

CATEGORY J		CATEGORY K		CATEGORY L	
Real Estate Syndication		Real estate closings/general		Tribal Law	
Securities / Bonds				Patent, Trademark, Copyright Prosecution or Searches	
				Water Law	
SUBTOTAL J		SUBTOTAL K		SUBTOTAL L	

2. ATTORNEYS

A) Please list the number of all attorneys in categories below as an expression of the number of years employed by the Applicant Firm.

Less than 1 year	1 year	2 years	3 years	4 years	5 years +	TOTAL

B) Total "Of Counsel" or Independent Contractors _____ Include only "Of Counsels" or IC's who average working for you 20 hours or less per week.. (Otherwise, include in Category A.)

3. CURRENT COVERAGE

- a. Insurance Company: _____
- b. Expiration Date: _____ Retroactive Date (If applicable): _____
- c. Premium: _____ Limit: _____ Deductible: _____

4. CLAIMS/CIRCUMSTANCES/DISCIPLINARY

a. Has any professional liability claim or suit been made in the past five (5) years against the firm or its predecessor firm (s) or any current or former member of the firm or its predecessor firm(s)? Yes No

TOTAL NO. OF CLAIMS _____

b. After inquiry, does any firm member know of any circumstance, situation, act, 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 or its predecessor firm(s)? Yes No

TOTAL NO. OF CIRCUMSTANCES _____

If "Yes" to a. or b., please attach a copy of the Claim Supplement you completed for your current Insurer and update as needed. Also, forward 5 year loss runs if available.

- c. Has any current or former 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, administrative agency or regulatory body? Yes No

If "Yes," please provide full details.

5. SUITS FOR FEES

- a. How many suits for collection of fees have been filed against firm clients in the last two (2) years? _____

6. ADMINISTRATIVE CONTROLS

- a. Do you maintain a Docket Control System with at least two Independent date controls? Yes No
- b. Is it computerized? Yes No
- c. Do you maintain a Conflict of Interest Avoidance System? Yes No
- d. Is it computerized? Yes No
- e. Do you utilize engagement letters for all clients? Yes No

7. Please attach a copy of your letterhead

This form is for the purpose of providing your Firm with an estimate of premium cost. Coverage can only be bound after a Markel Insurance Company application form is completed and accepted by the Company.

Please return this form to your insurance broker.