



## Professional Liability Insurance Indication Questionnaire for Members of the Virginia Trial Lawyers Association

Please Fax to John Torvi @ 1 800 344-5422

### Firm Information

### Areas of Practice Percentages (Percentages must total 100%)

1. Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_
- Tel # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
- E-Mail \_\_\_\_\_
2. Date the firm was Established \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Estimated annual gross income: \$ \_\_\_\_\_
4. Number of Attorneys "Of Counsel": \_\_\_\_\_
5. Number of Support Staff \_\_\_\_\_
6. How many attorneys participated in CLE during the past 12 months: \_\_\_\_\_
7. How many hours worked on behalf of your firm: \_\_\_\_\_

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

#### Number of Attorneys (exclude of counsel)

Years of experience	# of Attorneys
5 + Years	
4+ Years	
3+ Years	
2+ Years	
1+ Year	
Less than 6 months	
<b>Total</b>	

#### Internal Controls:

- A. Do you maintain a Docket Control system with at least two independent date controls?  Yes  No
- B. Is a Conflict of Interest System maintained?  Yes  No
- C. Are engagement letters used on a regular basis?  Yes  No
- D. 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?  Yes  No

If "YES", please attach details.

**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?

If "YES", how many? \_\_\_\_\_

Please attach details of each claim or incident, including a description of the allegations, current reserve and/or indemnity.

Yes  No

#### Current Insurance

Insurance Company \_\_\_\_\_

Policy Effective/Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Retroactive/Prior Acts Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Limits \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Date of first continuous claims-made insurance policy \_\_\_\_/\_\_\_\_/\_\_\_\_

Professional Associations Affiliated With: \_\_\_\_\_

Other Areas of Practice: \_\_\_\_\_

This is not an Insurance Binder. The information provided here will be used to provide a premium indication. Final premium will be subject to the completion of an application.