



Professional Liability Insurance Indication Questionnaire for Massachusetts Academy of Trial Attorneys

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):	_____ %
Total	100%

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	
Total	

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? _____ Yes No
 Please attach details of each claim or incident, including a description of the allegations, current reserve and/or indemnity.

Current Insurance

Insurance Company _____

Policy Effective/Expiration Date ____/____/____

Retroactive/Prior Acts Date ____/____/____

Policy Limits \$ _____

Deductible \$ _____

Date of first continuous claims-made insurance policy ____/____/____

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

Other Areas of Practice: _____