



Professional Liability Insurance Indication Questionnaire for Members of the New Hampshire Association for Justice

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: _____

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	

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%

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 ____/____/____

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.