

Professional Liability Insurance Questionnaire for Attorneys

Complete this questionnaire and E-mail it to info@landy.com, or fax it to 1-800-344-5422, and we will provide you with a Premium Indication. If you have any questions, please contact us at 1-800-336-5422.

Name of Firm: _____
 Contact Person: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____
 E-mail: _____

About the Firm

1. Date the firm was established: ____ / ____ / ____
2. Estimated annual gross income: \$ _____
3. Number of Attorneys "Of Counsel": _____
4. Number of support staff: _____
5. How many attorneys participated in CLE during the past 12 months: _____
6. How many hours worked on behalf of your firm: _____

Number of Attorneys (exclude of counsel)

- 5+ Years experience # _____
- 4+ Years experience # _____
- 3+ Years experience # _____
- 2+ Years experience # _____
- 1+ Years experience # _____
- Less than 6 months experience # _____

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 application firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt of 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 5 years? Yes No

If "YES", how many: _____

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

Current Insurance Company: _____

Policy Effective/Expiration Date: ____ / ____ / ____
 Retroactive/Prior Acts Date: ____ / ____ / ____
 Policy Limits: \$ _____
 Deductible: \$ _____
 Date of first continuous claims-made insurance policy: ____ / ____ / ____
 Professional Association Affiliations: _____

This is not an Insurance Binder, The information that you provide on this form is used to provide a premium indication only. Coverage approval and the final premium are subject to completion and underwriting acceptance of the application and applicable supplements.

Signature: _____

Date Signed: ____ / ____ / _____

Areas of Practice	Percentage of Revenue Must Total 100%
Administration	_____ %
Admiralty/Maritime	_____ %
Anti-trust/Trade Regulation	_____ %
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 Management	_____ %
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	_____ %
Workers Comp/Defense	_____ %
Workers Comp/Plaintiff	_____ %
TOTAL	= 100 %
Other Services – Describe Below _____	