



Professional Liability Insurance Indication Questionnaire for 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?
If "YES", please attach details. Yes No

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.