

# PROPOSAL FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

**PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD**

Full Name of Applicant Firm <hr/> Principal Business Address <hr/> City                      County                      State                      Zip	Business Phone with Area Code <hr/> Business Fax with Area Code <hr/>	E-mail Address <hr/> Date Firm Established <hr/>
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1. Please list all attorneys practicing on behalf of your firm. Add an attachment if necessary.

Attorney's Name	Type of Entity Solo Practitioner, PC, PA, LLC, LP	Designation Code (See choices below)	Years In Private Practice	Current Legal Malpractice Insurance Carrier	Current Retroactive Date

**Designation Code:** **E** = Member/Employee of the Firm, **OC** = Of Counsel/Independent Contractor and **F** = Full Time, **PT** = Part Time attorney working 20 hours or fewer per week. \*If an attorney is requesting part time rates please provide the date that this attorney last practiced law full time. \_\_\_/\_\_\_/\_\_\_\_\_. Also please be advised that this designation should include all hours worked as an attorney, including but not limited to billable hours, non-billable hours and time spent operating a part-time law practice.

2. Within the past five (5) years, has any member of the firm been the subject of any reprimand or disciplinary inquiry, complaint or proceeding or refused admission to the bar or any bar association, court or administrative agency?  
**If YES, provide full details on your letterhead.**       Yes    No
3. After inquiry, is any attorney in the firm aware of:  
 a. any incident, facts, circumstances, acts or omissions that could result in a professional liability claim against the firm or predecessor firm or against any current or former attorney of the firm while affiliated with the firm or predecessor firm? **If YES, a complete Claim Supplement form must be provided for each incident.**       Yes    No  
 b. a professional liability claim in the past (5) years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm? **If YES, a complete Claim Supplement form must be provided for each claim**    Yes    No
4. Does the firm routinely use Engagement Letters  Yes    No - Fee Agreements  Yes    No – Declination Letters  
 Yes    No
5. Indicate which of the following the firm uses to manage its docket and scheduling demands:  
 Computer       Docket Clerk / Administrator       Individual Attorney diaries  
 Daily or weekly office circulated master calendar       Other – Describe \_\_\_\_\_
6. Describe the firm's system for detecting and avoiding conflicts of interest:  
 Index – Single    Index – Multiple    Computer    Conflict Committee    Oral / Memory    Other - \_\_\_\_\_
7. Provide current Limits: \$ \_\_\_\_\_ / \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

8a. This Practice Profile is based on  gross revenue or  billable hours.

8b. Areas of Practice by Percent:

<b>CATEGORY I.</b>		<b>CATEGORY III.</b>	
ADMINISTRATIVE		BANKING, OR FINANCIAL INSTITUTIONS SERVICES – LOAN DOCUMENTATION, BONDS, COMMERCIAL PAPER*	
BANKRUPTCY		COLLECTIONS	
COMMERCIAL & CORPORATE GENERAL LITIGATION – DEFENSE		<b>SECURITIES, BOTH EXEMPT AND NON-EXEMPT*</b>	
<b>CORPORATE FORMATION/ ALTERATION*</b>		ENTERTAINMENT, SPORTS OR CELEBRITY	
CRIMINAL		<b>INVESTMENT COUNSELING / MONEY MANAGEMENT*</b>	
ERISA OR EMPLOYEE BENEFITS		<b>MERGERS ACQUISITIONS*</b>	
FAMILY LAW – EXCLUDING DIVORCE		OIL, GAS OR MINING	
IMMIGRATION		PATENT, COPYRIGHT OR TRADEMARK	
LABOR MANAGEMENT REPRESENTATION		<b>REAL ESTATE SYNDICATION / LIMITED PARTNERSHIPS*</b>	
MEDIATION / ARBITRATION		CIVIL RIGHTS – PLAINTIFF	
PERSONAL OR BODILY INJURY – DEFENSE		CLASS ACTION – DEFENSE	
TAXATION – INDIVIDUAL		CLASS ACTION – PLAINTIFF	
WORKER'S COMPENSATION – DEFENSE		MEDICAL MALPRACTICE	
OTHER DEFENSE WORK		MOLD	
	<b>SUBTOTAL(I)</b>	Municipal Bonds	
<b>CATEGORY II.</b>		TAXATION/TAX OPINIONS	
ADMIRALTY / MARITIME		CLASS ACTION – PLAINTIFF	
BANKING OR FINANCIAL INSTITUTIONS SERVICES – OTHER THAN LOAN DOCUMENTATION		MEDICAL MALPRACTICE	
COMMERCIAL & CORPORATE GENERAL LITIGATION - PLAINTIFF		MOLD	
ENVIRONMENTAL		REAL ESTATE – COMMERCIAL	
FAMILY LAW – DIVORCE		REAL ESTATE – RESIDENTIAL	
LABOR UNION REPRESENTATION/ EMPLOYEE RELATIONS		<b>PERSONAL OR BODILY INJURY – PLAINTIFF*</b>	
<b>REAL ESTATE – TITLE *</b>			<b>SUBTOTAL (III)</b>
TAXATION – COMMERCIAL		<b>CATEGORY IV</b>	
WILLS / ESTATE / PROBATE / TRUST		OTHER (PLEASE DESCRIBE BELOW)	
WORKER'S COMPENSATION – PLAINTIFF			
OTHER PLAINTIFF WORK			
	<b>SUBTOTAL (II)</b>		<b>GRAND TOTAL (I, II, III, IV)</b>

\* **BOLD INDICATES THAT COMPLETION OF THE CORRESPONDING SUPPLEMENTAL APPLICATION IS REQUIRED.**

Signature of Owner/Partner \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_