

Lawyer's Professional Liability Premium Indication Form

Fax back to 262.522.4010 or toll free to 866.502.4441

1

Firm _____ Contact Name _____
Street Address _____
City _____ State _____ County _____ Zip _____
Phone _____ Fax _____ Date firm was established _____
Email Address _____ Web Site URL _____

2

PLEASE PROVIDE THE NUMBER OF ATTORNEYS WITHIN YOUR FIRM, AND THEIR YEARS OF EXPERIENCE

years at firm	# of full time	# of part time (hours/week)
5+	_____	_____
4	_____	_____
3	_____	_____
2	_____	_____
1	_____	_____

3

PLEASE TELL US ABOUT YOUR CURRENT COVERAGE

Number of years of continuous coverage _____
Retroactive date (if any) ____ / ____ / ____
Current Professional Liability Carrier/Program

Current Policy Expiration Date _____ Annual Premium _____
Current Limits _____ Deductible _____

4

Have you had or reported any Professional Liability claims or incidents in the last five years? yes* no

*Contact Den Boer & Associates for Claim Supplement

5

In the past three years, has the firm sued a client for fees? yes no If yes, how many? _____

6

Have any of the firm's attorneys been the subject of any disciplinary proceedings, for any reason other than nonpayment of dues, within the last five years? yes no

7

Does your firm have entertainment clients (e.g. athletes, performers, publishers, authors and public figures)? yes no

8

Please include a copy of current insurance declarations page & endorsements and sample letterhead.

9

PLEASE TELL US WHAT PERCENTAGE OF **BILLABLE HOURS** - NOT INCOME - YOU SPEND IN THE FOLLOWING AREAS OF PRACTICE (PLEASE EXPRESS IN WHOLE NUMBERS, **MUST EQUAL 100%**)

% of time	area of practice
_____ %	Admiralty/Marine
_____ %	Banking/Financial Institutions
_____ %	Business Transaction/Commercial Law
_____ %	Civil Litigation/Plaintiff (not personal injury)
_____ %	Civil Litigation/Defense
_____ %	Civil Rights/Discrimination
_____ %	Collection
_____ %	Bankruptcy
_____ %	Construction (Building Contracts)
_____ %	Consumer Claims
_____ %	Corporate Business Organization
_____ %	Criminal
_____ %	Environmental Law
_____ %	Family Law
_____ %	Governmental Contracts/Claims
_____ %	Immigration/Claims
_____ %	Intellectual Property (Patent, Trademark, Copyright)
_____ %	Labor Law
_____ %	Local Government
_____ %	Natural Resources/Oil & Gas
_____ %	Personal Injury/Property Damage - Plaintiff
_____ %	Personal Injury/Property Damage - Defense
_____ %	Real Estate/Title - Commercial
_____ %	Real Estate/Title - Residential
_____ %	Securities (SEC)
_____ %	Taxation
_____ %	Wills, Estate, Probate & Planning
_____ %	Workers' Compensation - Defense
_____ %	Workers' Compensation - Plaintiff
_____ %	Other (describe): _____

10

Do you maintain a Docket Control System with at least two independent date controls? yes no
Is it computerized? yes no
Do you maintain a Conflict of Interest Avoidance System? yes no
Is it computerized? yes no
Do you utilize engagement letters for new clients? yes no

Signature _____ Date ____ / ____ / ____