**LAWYERS PROFESSIONAL LIABILITY**

**PRELIMINARY PREMIUM INDICATION WORKSHEET**

**Firm Information:**

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| Firm: |  | | | | | | | | | | | Contact: |  | | | | | | | | | |
| Address: |  | | | | | | | | | | |  | | | | | | | | |
| City: |  | | | | | | | | | | | State: |  | | | | Zip: |  | | | | |
| Phone: |  | | | | | Fax: | | |  | | | Email: |  | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | |
| Establish Date: |  | | | # of Attorneys: | | | | | |  |  | Has any member of your firm been disbarred or been the subject of a disciplinary proceeding:  YES  NO  How many attorneys have participated in CLE during the past twelve months?  Is this a full time private practice of law?  YES  NO  If Plaintiff litigation was performed, what is the largest judgment / settlement received in the past 3 years? $  Have you ever sued a client (past or present) for uncollected fees:   YES  NO  How many suits in the past 3 years?  Has any member of your firm handled class action or mass tort litigation in the past 5 years:  YES  NO  Estimated annual gross income? | | | | | | | | | | |
|  |  | | |  | | | | | |  |  |
| # “Of Counsel”: |  | | | # of Support Staff: | | | | | |  |  |
|  |  | | |  | | | | | |  | |
| **Staff List:** (Designations: O=Owner, P=Partner, A=Associate, IC=Independent Contractor, OC=Of Counsel, PA=Patent Agent)   |  |  |  |  | | --- | --- | --- | --- | | Name | Hire Date:  (mm/dd/yy) | Designation |  | | | | | | | | | | | | |
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| (Please continue on a separate sheet if necessary) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Internal Controls:** | | | | | | | | | | | | | | | | | | | | | | |
| Do you maintain a Docket Control System with at least two independent date controls?  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| Are engagement and non-engagement letters used on a regular basis including new clients?  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| Is a conflict of interest system maintained?  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| **Area of Practice:** | | | **What percentage of gross billings are earned from the following (Total must equal 100%):** | | | | | | | | | | | | | | | | | | | |
| Arbitration / Mediation | | | | | % | | Corporation Formation / Alteration | | | | | | | % | Tax | | | | | % | | |
| Administrative law | | | | | % | | Immigration and Naturalization | | | | | | | % | Worker's Compensation – Plaintiff % | | | | | % | | |
| Admiralty / Maritime | | | | | % | | Intellectual Property Litigation | | | | | | | % | Personal BI/PD Plaintiff: % | | | | | % | | |
| Bankruptcy | | | | | % | | International/Foreign Law | | | | | | | % | Banking / Financial Institutions % | | | | | % | | |
| Collection/Repossessions | | | | | % | | Labor – Management Representation | | | | | | | % | Real Estate – Residential % | | | | | % | | |
| Commercial Litigation | | | | | % | | Government/Municipalities | | | | | | | % | Real Estate – Land Use / Zoning % | | | | | % | | |
| Criminal law | | | | | % | | Securities % | | | | | | | % | Real Estate – Title Examination % | | | | | % | | |
| Domestic Relations | | | | | % | | Estate, Trust, Probate | | | | | | | % | Civil Litigation – Plaintiff | | | | | % | | |
| Insurance Defense | | | | | % | | Entertainment / Sports | | | | | | | % | Civil Litigation – Defense | | | | | % | | |
| Personal BI/PD Defense | | | | | % | | Intellectual Property Services | | | | | | | % | General Plaintiff | | | | | % | | |
| Workers Compensation Defense | | | | | % | | Labor – Labor Representation | | | | | | | % | General Defense | | | | | % | | |
| Anti-Trust / Trade Regulation | | | | | % | | Pension & Employee Benefits | | | | | | | % | **\*Describe other services below:** | | | | | | | |
| Civil rights / Discrimination | | | | | % | | Mergers / Acquisitions | | | | | | | % |  |  | | |  | | |
| Commercial Transactions | | | | | % | | Oil, Gas or Mining | | | | | | | % |  | Total: (must equal 100%) | | | 100 % | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I****nsurance History:** | | Renewal date: | /     / | | Insurer: |  | | Limit: | $ |
|  | |  |  | |  |  | |  |  |
| **Retroactive Date:**  **(if applicable)** | /     / | | | Current annual premium: | | $ | Deductible: | | $ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Claims History (if applicable):** | | **Claim 1** | Claim 2 | | | | Claim 3 | |
| Date Claim or Incident Reported: | |  | |  | | | |  |
| Amount Paid (Including Expenses): | |  | |  | | | |  |
| Open/Closed: | |  | |  | | | |  |
| Applicants Signature: |  | | | | Date: |  | | |