

Lawyers Professional Liability Insurance Questionnaire

Return via fax to 267.224.4449 or email to jmaher@firstpro.biz / cmhetrick@firstpro.biz

Firm Name: _____ Number of Attorneys: _____
Contact Person: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Website: _____ Year Firm Established: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____



**FIRST PROFESSIONAL
BROKERAGE**

First Class. Professional Service.

Areas of Practice

Express whole percentages of gross revenue.

- _____ % Administrative Law
- _____ % Admiralty/Marine - Defense
- _____ % Admiralty/Marine - Plaintiff*
- _____ % Anti-Trust Trade Regulation
- _____ % Bank/Financial Institutions*
- _____ % Bankruptcy/Collections*
- _____ % Business Trans/Commercial Law - Defense
- _____ % Business Trans/Commercial Law - Plaintiff*
- _____ % Civil/Commercial Litigation - Defense
- _____ % Civil/Commercial Litigation - Plaintiff*
- _____ % Civil Rights/Discrimination
- _____ % Class Action*
- _____ % Communication/Media
- _____ % Construction (Building Contracts)
- _____ % Consumer Claims
- _____ % Corporate Business Organization
- _____ % Criminal
- _____ % Elder Law
- _____ % Employment Benefits/Pension
- _____ % Employment Law - Defense
- _____ % Employment Law - Plaintiff*
- _____ % Entertainment/Sports
- _____ % Environmental Law*
- _____ % Family Law
- _____ % Financial Planning*
- _____ % Foreclosure/Repossession*
- _____ % Government - Federal/State
- _____ % Government - Local
- _____ % Healthcare
- _____ % Housing
- _____ % Immigration/Naturalization
- _____ % Intellectual Property - Copyright*
- _____ % Intellectual Property - Patent/Trademark*
- _____ % International Law
- _____ % Labor Law - Management
- _____ % Labor Law - Union
- _____ % Landlord/Tenant
- _____ % Limited Partnerships
- _____ % Mediation/Arbitration
- _____ % Natural Resources/Oil & Gas
- _____ % Personal Injury/Property Damage - Defense
- _____ % Personal Injury/Property Damage - Plaintiff*
- _____ % Real Estate/Title - Commercial*
- _____ % Real Estate/Title - Residential*
- _____ % Securities (SEC)
- _____ % Social Security
- _____ % Taxation - Individual
- _____ % Taxation - Corporate
- _____ % Wills, Estates, Probates & Planning*
- _____ % Workers' Comp - Defense
- _____ % Workers' Comp - Plaintiff*
- _____ % Other _____

Attorney Information *(Add'l attorneys should be attached as a separate page.)*

Attorney Name	Bar Admin	Joined Firm	Retro Date	Pos.	Wkly Hrs	CLE Hrs
_____	____/____/____	____/____/____	____/____/____	_____	_____	_____
_____	____/____/____	____/____/____	____/____/____	_____	_____	_____
_____	____/____/____	____/____/____	____/____/____	_____	_____	_____
_____	____/____/____	____/____/____	____/____/____	_____	_____	_____

Position Key: [O] Officer [S] Solo [P] Partner [E] Employed [PT] Part Time [IC] Ind. Contr. [OC] Of Counsel

If any IC or OC listed above, is this attorney a prior partner, officer or employee of the applicant firm? Yes No
Does this attorney carry his/her own individual professional liability coverage? Yes No

Insurance History *(Please attach a copy of your Declarations Page.)*

Carrier _____ Expiration Date ____/____/____
Premium \$ _____ Retroactive Date ____/____/____ Deductible \$ _____
Limits of Liability \$ _____ Per Claim / \$ _____ Aggregate
Defense Costs (ck one): Inside the Limits Outside the Limits 50% Offset
Deductible Type: Loss Only (FDD) Per Claim 50% Offset Aggregate

Additional Information *(Answers requiring additional space should be attached as a separate page.)*

*Number of claims in the present year? _____ past five years? _____
Number of suits for fees in the present year? _____ past three years? _____ past five years? _____
Is the firm aware of any circumstances that may give rise to a claim? Yes No
*Has any member of the firm ever been disciplined or denied the right to practice? Yes No
*Has the firm ever been non-renewed, canceled or declined coverage? Yes No
Of which of the following does the firm's docket system consist?
 Single Calendar Dual Calendar Tickler Cards Computer Master Listing _____
How frequently is the docket system cross-checked? _____ By two separate individuals?
 Daily Weekly Monthly Yes No
*Is the firm involved in any mass tort or class action work? Yes No
*Is there any one client who represents more than 25% of the firm's billings? Yes No
Are all conflicts disclosed in writing? Yes No
Of which letters does the firm use for ALL client communication?
 Engagement Disengagement Non-Engagement Declination Retainer Agreements
What type of system is used to prevent a conflict of interest with clients?
 Computer Conflict Committee Index File Oral/Memory _____
*Does any attorney serve as an outside director or officer and/or have any ownership interest in a client?
 Yes No
Are there any predecessor firms of which the current firm has assumed 50% or more of the assets & liabilities?
 Yes No
How many non-attorney staff are employed? _____ Secretarial/Clerical _____ Paralegals/Law Clerks _____
Does the firm have a Legal Administrator? Yes No
Is he/she a Member of the ALA or hold a CLM certificate? Yes No N/A
Has at least 50% of the firm's attorneys attended CLE in the past (12) months? Yes No

Please Note: Any of the "Areas of Practice" items marked with an asterisk (*) may require an additional supplement. If you have one already completed for another carrier (from this year or last), please forward along with this application. Any of the above "Additional Information" checked Yes, will most likely require additional explanation or an add'l supplement.

Total Must Equal 100%