

Fast Fax Application - Lawyers Professional Liability Insurance

Return via fax to 267.224.4449 or email to areed@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
- _____ % Anti-Trust Trade Regulation
- _____ % Bank/Financial Institutions
- _____ % Bankruptcy
- _____ % Business/General
- _____ % Business Trans/Commercial Law - Defense
- _____ % Business Trans/Commercial Law - Plaintiff*
- _____ % Civil/Commercial Litigation - Defense
- _____ % Civil/Commercial Litigation - Plaintiff*
- _____ % Civil Rights/Discrimination
- _____ % Class Action*
- _____ % Collections/Repossessions
- _____ % 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*
- _____ % Government - Federal/State
- _____ % Government - Local
- _____ % Healthcare
- _____ % Housing
- _____ % Immigration/Naturalization
- _____ % Intellectual Property - Copyright*
- _____ % Intellectual Property - Patent*
- _____ % Intellectual Property - Trademark*
- _____ % International Law
- _____ % Landlord/Tenant
- _____ % Limited Partnerships
- _____ % Mediation/Arbitration
- _____ % Medical Malpractice
- _____ % Natural Resources/Oil & Gas
- _____ % Personal Injury/Property Damage - Defense
- _____ % Personal Injury/Property Damage - Plaintiff*
- _____ % Real Estate - Commercial*
- _____ % Real Estate - Residential*
- _____ % Securities (SEC)
- _____ % Social Security
- _____ % Taxation
- _____ % Title Work
- _____ % Traffic Court
- _____ % Wills, Estates, Probates & Planning*
- _____ % Workers' Comp - Defense
- _____ % Workers' Comp - Plaintiff*
- _____ % Other _____
- _____ % Other _____

Total Must Equal 100%

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
 Has at least 50% of the firm's attorneys attended CLE in the past (12) months? Yes No
 Is the firm interested in title agent coverage? 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.