



**LAWYERS PROFESSIONAL LIABILITY  
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Firm Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Firm Information**

Date Established: \_\_\_\_\_ # of Attorneys: \_\_\_\_\_ # Of Counsels: \_\_\_\_\_ # Support Staff: \_\_\_\_\_

# Attorneys (excl OCs) and years with applicant:		Current Insurance	
# of years	# of attorneys	Carrier:	
5+ years		Limits / Deductible:	
4 years		Annual Premium:	
3 Years		Retroactive Date:	
2 Years		Policy Period:	
1 Year		Date of first continuous claims-made coverage :	
Less than 6 months		Gross Annual Income:	

**1. Internal Controls**

- a. Do you maintain a Docket Control System with at least two independent date controls? ..... Yes  No
- b. Are engagement and non-engagement letters used on a regular basis? ..... Yes  No
- c. Is a Conflict of Interest System maintained? ..... Yes  No
- d. Number of fee suits filed against clients in the past two (2) years: .....
- e. How many attorneys have participated in CLE during the past twelve months? .....

**2. Claim History**

Are you aware of any claims against your firm, or any incidents that could result in a claim against your firm, within the past seven (7) years? ..... Yes  No  ..... If "YES", how many? \_\_\_\_\_  
 Provide specific details of each (a description of the allegations, current reserve, indemnity paid, expenses paid, etc...).

**3. Disciplinary Actions**

Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by a court administrative agency or regulatory body? ..... Yes  No   
 Provide specific details of each (date, details of the events that led to the action, and the action taken).

**Area of Practice Percentages (percentages must total 100%)**

<b>DEFENSE</b>	%	Abstracting / Title	_____	Health	_____
Arbitration / Mediation	_____	Ad Valorem Tax – Commercial	_____	Immigration	_____
BI/PI	_____	Ad Valorem Tax – Residential	_____	International	_____
Civil Rights / Employment	_____	Administrative Law	_____	Investment Cnslng / Money Mgt	_____
Class Action / Mass Tort	_____	Adoptions	_____	Labor – Employee / Union	_____
Commercial Litigation	_____	Antitrust Trade Regulations	_____	Limited Partnerships	_____
Criminal	_____	Banking / Financial Institutions	_____	Local Government / Municipal	_____
Insurance Company	_____	Bankruptcy	_____	Mergers & Acquisitions	_____
Medical Malpractice	_____	Collection / Repossession	_____	Oil and Gas	_____
Workers Compensation	_____	Communication	_____	Patent	_____
		Construction	_____	Private Placements	_____
<b>PLAINTIFF</b>		Copyright	_____	Public Utilities	_____
BI/PI Plaintiff	_____	Corporation Formation	_____	Real Estate – Commercial	_____
Civil Rights / Employment	_____	Corporate General	_____	Real Estate – Development	_____
Class Action / Mass Tort	_____	Divorce	_____	Real Estate – Residential	_____
Commercial Litigation	_____	Entertainment	_____	Securities or Bonds	_____
Medical Malpractice	_____	Environmental	_____	Social Security	_____
Workers Compensation	_____	Estate Planning	_____	Syndications	_____
		ERISA	_____	Trademark	_____
TAX – Individual Preparation	_____	Family Law (other than Divorce)	_____	Venture Capital	_____
TAX – Commercial Preparation	_____	Fiduciary	_____	Wills and Trusts	_____
TAX – Opinions	_____	Foreclosures	_____	Other: _____	_____

**PLEASE NOTE:** This Worksheet is intended for the purpose of obtaining a Preliminary Premium Indication only.

Submitting Agency:	Date:
Contact:	Phone:
	Email:

Return the completed form to **ProLawyer Insurance** at [info@ProLawyerInsurance.com](mailto:info@ProLawyerInsurance.com) or via fax to (215)394-7010.