



LAWYERS PROFESSIONAL LIABILITY INSURANCE - "PREMIUM INDICATOR"

Applicant Firm: _____ Date Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ County: _____

Telephone: () _____ Fax: () _____

1. Practice Areas - Describe the firm's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following:

Category A		Category B		Category C ₍₁₎	
Administrative Law		Civil Rights		Admiralty	
Appellate		Foreign Law		Antitrust	
Arbitration		Government Law		Banking	
Criminal		Guardianships		Commercial Law	
Immigration		International Law		Corporate Formation	
Juvenile		Labor/Management		Lobbying	
Mediation		Municipal Law		Foreclosures	
Traffic		Title/Residential		General/Corporate Advice	
Subtotal - A - %		Title/Commercial		Patent, Trademark, Copyright Litigation	
		Subtotal - B - %		Tax Preparation	
				Subtotal - C ₍₁₎ - %	

Category C ₍₂₎		Category D		Category E	
Litigation:		Bankruptcy		Corporate Mergers/Acquisitions +	
Plaintiff: BI/PI		Collection +		Entertainment +	
Medical Malpractice		Construction Law		Fiduciary	
"Class Action" +		Estate Planning		Investment Counseling/Money Management +	
"Other Litigation"		Estate/Trust/Probate/Wills		Labor Unions +	
Defense: Insurance (Excluding Med Mal)		Family Law		Patent, Trademark, Copyright Searches +	
Medical Malpractice		Patent, Trademark, Copyright Prosecution +		Purchases or Sale by Client of Business	
"Class Action" +		Tax Opinions		Real Estate Closings/General	
"Other" BI/PI		Subtotal - D - %		Subtotal - E - %	
"Other" Litigation					
Subtotal - C ₍₂₎ - %					

Category F					
Adoptions		Oil/Gas/Mining +		Securities +	
Bonds +		Patent, Trademark, Copyright - Foreign +		Real Estate Syndication	
Environmental Law +		Real Estate Development+		Limited Partnership Formation +	
Family Law - Monied or High Profile Divorces		Savings and Loan +		Subtotal - F - %	

+ Complete the appropriate supplemental application NOTE - Total of Categories A through F must equal 100%

2. **ATTORNEYS**

A. Please list the number of all attorneys in categories below as an expression of the number of years employed by the Applicant Firm.

Less than 6 mo.	1 year	2 years	3 years	4 years	5 years +	TOTAL

B. Total "Of Counsel" _____ Include only "of counsels" who are working for you 20 hours or less per week/1,000 hours per year. (Otherwise, include in Category A.)

3. **CURRENT COVERAGE**

Insurance Company: _____

Expiration Date: _____ Retroactive Date (if applicable): _____

Premium: _____ Limit: _____ Deductible: _____

Have you been continuously insured at least 3 years? Yes No

If No, please provide the date from which you have been continuously insured. _____

4. **CLAIMS/CIRCUMSTANCES/DISCIPLINARY**

a) Has any professional liability claim or suit been made in the past five (5) years against the firm or its predecessor firm (s) or any current or former member of the firm or its predecessor firm(s)? Yes No

TOTAL NO. OF CLAIMS _____

b) After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s)? Yes No

TOTAL NO. OF INCIDENTS _____

If "Yes" to a. or b., please attach a copy of the Claim Supplement you completed for your current Insurer and update as needed.

c) Has any current or former member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association, administrative agency or regulatory body? Yes No

If "Yes", please provide full details.

5. **SUITS FOR FEES**

How many suits for collection of fees have been filed against clients in the last two (2) years? _____

6. **ADMINISTRATIVE CONTROLS**

- a) Do you maintain a Docket Control System with at least two Independent date controls? Yes No
- b) Is it computerized? Yes No
- c) Do you maintain a Conflict of Interest Avoidance System? Yes No
- d) Is it computerized? Yes No
- e) Do you utilize engagement letters for new clients? Yes No

7. **Please attach a copy of your letterhead**

This form is for the purpose of providing your Firm with an estimate of premium cost. Coverage can only be bound after a Westchester Fire Insurance Company application form is completed and accepted by the Company.

Please return this application to your insurance agent or to:

angela@useo.com
800-460-6424
ext 1042