

Lawyers Insurance Group Legal Malpractice Insurance Premium Estimate Form Malpractice Insurance Brokers

Complete this form to receive a non-binding premium estimate. To be considered for a binding quote, submit a completed, signed and dated application with all required supplemental information. Note: if you completed a full renewal application for your current insurer (not a 1 - 2 page "yes/no" app.), send us that, instead of completing this form.

Contact Information:

Firm Name: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____ Phone: _____
 Fax: _____ Email: _____ Website: _____

Current Malpractice Insurance:

Insurance Company: _____ Policy Expiration Date: _____ Policy Limits: \$ _____ / _____
 Policy Deductible: \$ _____ Retroactive Date: _____ Annual Premium: \$ _____

Attorney Roster (attach extra page, if necessary, or leave blank, and attach your policy's Individual Retroactive Date page):

	Attorney Name	Start Date w/firm	Position	Average Weekly Hours	State Bar Admissions
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Practice Areas Grid (Allocate your firm's last 12 months' billings; figures should add up to 100%):

Appellate	%	Employment Law-Defense	%	Municipal Gov't. (not bonds)	%
Arbitration/Mediation	%	Employment Law-Plaintiff	%	Plaintiff Bodily/Personal Injury*	%
Bankruptcy	%	Energy/Oil & Gas	%	Plaintiff/Products Liability*	%
Business - Contracts	%	Entertainment/Sports*	%	Real Estate-Commercial*	%
Business - Formation	%	Environmental*	%	Real Estate-Develop/Synd.*	%
Business-Transactions/M & A*	%	ERISA/Employee Benefits	%	Real Estate-Residential*	%
Business - Other	%	Family - Non-Divorce	%	Real Estate-Title*	%
Civil/Commercial Lit.-Defense	%	Financial Inst./Banking*	%	Regulatory	%
Civil/Commercial Lit.-Plaintiff	%	Gov't. Contracts/Relations	%	Securities/Bonds/SEC*	%
Civil Rights	%	Healthcare	%	SSDI	%
Class Action/Mass Torts*	%	Immigration/Naturalization	%	Tax*	%
Collection - Commercial*	%	Insurance/Self-Insured Defense	%	Transportation	%
Collection - Consumer*	%	Int. Property-Patent*	%	Wills/Trusts/Estates: Assets <\$1M*	%
Construction	%	Int. Property-TM/Copyright*	%	Wills/Trusts/Estates: Assets \$1M-\$5M*	%
Divorce - Assets < \$1M	%	Land Use/Zoning	%	Wills/Trusts/Estates: Assets >\$5M*	%
Divorce - Assets \$1M - \$5M	%	Medical Malpractice - Defense	%	Workers Compensation - Plaintiff	%
Divorce - Assets > \$5M	%	Medical Malpractice-Plaintiff*	%	Other	%

Operations & Risk Management:

1. What was your firm's gross revenue in its last fiscal year: \$ _____ current fiscal year estimate: \$ _____
2. Does your firm have a calendaring/docketing system? Yes No If yes, what types of controls does it use? Check all that apply: Single Calendar Dual Calendar Pocket Calendar Computer Master Listing Tickler System Other :
3. Which conflict avoidance systems does your firm use? Computer Index File Client List Committee Memory None
4. Does your firm use any of the following letters for all clients? Check all that apply: Engagement Fee/Retainer Decline/Non-Engagement Scope of Services Change in Scope of Engagement Termination of Engagement
5. How many suits or arbitrations/mediations for unpaid fees has your firm filed in the last two years? _____
6. Has any firm lawyer ever been disciplined, or is the subject of a pending disciplinary proceeding? ** Yes No
7. Is any firm lawyer aware of any circumstances that may give rise to a malpractice claim? ** Yes No
8. How many malpractice claims or incidents has the firm or any of its lawyers incurred in the past five years? ** _____

*Supplement required. Fill out attached form or download supplement from www.lawyersinsurer.com/apply.

**Disciplinary Proceeding and/or Claim/Incident report(s) required. Download from above webpage.

Attorney Signature: _____ Title: _____ Date: _____

Fax to Curtis Cooper, Lawyers Insurance Group: 202-827-9821 or email: ccooper@lawyersinsurer.com

Plaintiff Litigation:

1. Allocate your firm's cases among the categories below; figures should add up to 100%:
 Auto/Trucking _____% Admiralty _____% Aviation _____% Asbestos _____% Civil Rights _____% Class Action/Mass Tort* _____%
 General Liability _____% Medical Malpractice _____% Pharmaceuticals _____% Products Liab. _____% Toxic Tort _____%
2. What is your firm's average litigation caseload per year? _____
3. What % of the firm's litigated cases are: settled before trial _____% tried to verdict _____% handled via contingency fee _____%
5. What is the average dollar amount of judgments/awards/settlements of your firm's litigated cases? \$_____

Real Estate

Type of Representation	% of RE Practice	Number of Cases Per Year	Average \$ Value	Largest \$ Value
Residential Closings	_____	_____	_____	_____
Commercial Closings	_____	_____	_____	_____
Residential Foreclosures	_____	_____	_____	_____
Commercial Foreclosures	_____	_____	_____	_____
Residential Land Use	_____	_____	_____	_____
Commercial Land Use	_____	_____	_____	_____
Residential Leases	_____	_____	_____	_____
Commercial Leases	_____	_____	_____	_____
Residential New Construction	_____	_____	_____	_____
Commercial New Construction	_____	_____	_____	_____
Res. Title Searches/Opinions	_____	_____	_____	_____
Comm. Title Searches/Opinions	_____	_____	_____	_____
Development	_____	_____	_____	_____
Syndications	_____	_____	_____	_____
Other	_____	_____	_____	_____

Collections

- During the past 12 months:
- 1) How many attorneys have worked on collection cases? _____ How many non-attorney staff? _____
- 2) How many collection cases has the firm handled? _____
- 3) Approximately how many individual consumer debtors have been contacted by phone, letter or otherwise by anyone employed by or affiliated with the firm? _____ in the past five (5) years? _____
- 4) Do all attorneys handling collection matters have at least five (5) years of experience? Yes _____ No* _____
- 5) Can you confirm that during the past three (3) years the firm has NOT allowed any collector, collection agency, or any other party to use the law firm's name or any attorney's name in collection-related matters? Yes _____ No* _____
- 6) Are all of the firm's collection communications in compliance with the Fair Debt Collection Practices Act? Yes _____ No* _____
- *Provide details on separate paper.

Business Transactions and Mergers & Acquisitions

1. Describe the type, size and nature of the firm's transactions and/or M&A practice: _____
2. Describe the parties represented, including any publicly-traded entities: _____
3. Did any transaction require an SEC filing or an amendment to an SEC filing? Describe the firm's involvement: _____
4. Is the activity performed for one client or multiple clients? _____
5. Provide any other relevant details: _____
6. How many such projects in the last 5 years? _____

Attorney Signature: _____ Title: _____ Date: _____