

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

Complete this form to receive a non-binding premium estimate. Note: If you filled out an application or premium estimate form for another broker or any insurer, send us that, instead of filling out 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):

	Atty. Name	Date of Hire	Position	Avg. Weekly Hours	State Bar Admissions/Year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

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

Class Action/Mass Tort*	%	SSDI	%	Other (describe)	%
Medical Malpractice	%	Workers Compensation	%	Other (describe)	%
Personal/Bodily Injury	%	Other (describe)	%	Other (describe)	%
Products Liability	%	Other (describe)	%	Other (describe)	%

Plaintiff Litigation Practice:

- Allocate your firm's cases among the categories below; figures should add up to 100%:
 Auto/Trucking _____% Employment Practices _____% Products Liability _____%
 Admiralty _____% Environmental/Toxic Torts _____% SSDI _____%
 Civil Rights _____% General Liability _____% Workers Comp. _____%
 Class Action/Mass Torts* _____% Medical Malpractice _____% Other (specify) _____%...
- What is your firm's average litigation caseload per year? _____
- What % of the firm's litigated cases are: settled before trial _____% tried to verdict _____% handled via contingency fee _____%
- What is the average dollar amount of judgments/awards/settlements of your firm's cases? \$ _____
- How many firm lawyers handle these cases? _____% What's their average years of experience handling these cases? _____%
 How much of their work week is typically spent on these matters? _____%

Operations & Risk Management:

- What was your firm's gross revenue in its last fiscal year: \$ _____ current fiscal year estimate: \$ _____
- 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 :
- Which conflict avoidance systems does your firm use? Computer Index File Client List Committee Memory None
- 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
- How many suits or arbitrations/mediations for unpaid fees has your firm filed in the last two years? _____
- Has any firm lawyer ever been disciplined, or is the subject of a pending disciplinary proceeding? ** Yes No
- Is any firm lawyer aware of any circumstances that may give rise to a malpractice claim? ** Yes No
- How many malpractice claims or incidents has the firm or any of its lawyers incurred in the past five years? ** _____

*Supplement required. Download supplement from www.lawyersinsurer.com/apply.

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

Attorney Signature: _____ Title: _____ Date: _____