

Lawyers Insurance Group Real Estate Legal 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):

Attorney Name	Start Date w/Firm	Position	Avg. Weekly Hours	State Bar Admissions/Year
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

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

Type of Representation	Real Estate			
	% 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	_____	_____	_____	_____
Condo/Community Associations	_____	_____	_____	_____
Landlord/Tenant	_____	_____	_____	_____
Other (describe) _____	_____	_____	_____	_____
Non-Real Estate Practice Areas – list type and % below:	_____	_____	_____	_____
	%	%	%	%

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 from www.lawyersinsurer.com/apply.

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

Attorney Signature: _____ Title: _____ Date: _____

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