

Lawyers Insurance Group Employment Lawyers Malpractice Insurance Premium Estimate 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.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

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

Employment - Employee (non-litigation)	%	Whistleblower	%
Employment - Management (non-litigation)	%	Other (describe)	%
Employment - Litigation/Plaintiff	%	Other (describe)	%
Employment - Litigation/Defense	%	Other (describe)	%
Labor Union	%	Other (describe)	%

Plaintiff Litigation

1. What is your firm's average litigation caseload per year? _____
2. What % of the firm's litigated cases are: settled before trial _____% tried to verdict _____% handled via contingency fee _____%
3. What is the average dollar amount of judgments/awards/settlements of your firm's cases? \$ _____
4. 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 them? _____%
5. Does your firm handle class-action matters? Yes No If yes, how many is it currently handling? _____ In the last 5 years? _____

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?* _____
- *Disciplinary Proceeding and/or Claim/Incident report(s) required, if any. Download from www.lawyersinsurer.com/apply.

Attorney Signature: _____ Title: _____ Date: _____