

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' billings; figures should add up to 100%):**

Tax Returns - Business	%	Employee Benefits	%	Other (describe)	%
Tax Returns - Individuals	%	Estate Planning	%	Other (describe)	%
Tax Opinions	%	Other (describe)	%	Other (describe)	%
Tax Controversies	%	Other (describe)	%	Other (describe)	%

**Tax Practice:**

- Do all attorneys handling tax matters have at least five years of experience? Yes  No  If no, explain how those attorneys are supervised \_\_\_\_\_
- What services does the firm provide? Circle all that apply: Opinion on Tax Shelters Estate Tax Returns  
 Subchapter S Elections Liquidation of Corporations Corporation Formation Other Tax Returns  
 Asset Protection Litigation Other (Describe) \_\_\_\_\_
- During the past five years, has your firm helped create or write an opinion supporting a transaction intended to reduce federal taxes by \$1 million or more? Yes  No  If yes, how many? \_\_\_\_\_ Describe the method or type of each transaction, and the total amount of taxes saved or to be saved.
- During the past five years, has the IRS challenged any of the transactions listed in No. 3 above? Yes  No

**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?\* \_\_\_\_\_

\*Disciplinary Proceeding and/or Claim/Incident report(s) required, if any. Download from [www.lawyersinsurer.com/apply](http://www.lawyersinsurer.com/apply).

Attorney Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_