

Lawyers' Professional Liability Program Indication Request Form This form is for a non-binding indication based upon this preliminary information. It is not intended to be a binding quote for the firm's acceptance of insurance coverage. To determine the firm's qualification for a binding quote, we will need a fully completed, signed and dated application with any supplemental information.

Firm.	Contact Information							
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Admiralty Law % Financial Planning % Pension and Employee Benefits % Antitrust/Trade % Government Contracts/Relations % Pers. Injury and Neg Def. % Civil Rights/Discrimination % Healthcare % Pers. Injury and Neg Def. % Collection/Bawruptcy % Immigration and Naturalization % Pers. Injury and Neg Pitf. % Construction Law % Insurance % Planitff Class Action % Consumer Law % IP - Patent/Trademark % Real Estate/Title Agent - Com. % Criminal % IP - Copyright % Real Estate/Title Agent - Com. % Employment Law - Defense % Labor - Mgmt. Representation % Taxation - Opinions % Employment Law - Plaintiff % Labor - Labor Representation % Work Comp Def. % Entertainment/Sports % Com. and Business Lit Def. % Work Comp Def. % Entate/Probate/Trust % Mediation Arbitration % Other % So vo thawe adocket syste	Area of Practice Information							
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Family Law % Mergers & Acquisitions % Total (must equal 100%) Operations Information 1. How many suits to collect unpaid fees have you filed against your clients during the last year?: 2. Do you have a docket system with at least two independent date controls?: \Box Yes \Box No . 3. Is one of the docket systems computerized?: \Box Yes \Box No . 4. Does your firm use the following letters for all clients?: \Box Bengagement Letters \Box Non-engagement letters \Box Disengagement Letters \Box Changes in scope of engagement 5. Which of the following conflict avoidance systems do you maintain? Check all that apply: \Box None \Box None \Box Computer \Box Index File \Box Conflict Committee \Box Memory 6. Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details: \Box Yes \Box No 7. Has any action been taken against any lawyer in the firm for disbament, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details: \Box Yes \Box No 8. Are there any wholly owned entities you would like us to consider for coverage? \Box No \Box None \Box Mediation/Arbitration \Box Title Agency \Box Other, please specify: \Box No B. What is the average weekly number of hours spent in primary employment? (If applicant works full time for another								
Operations Information 1. How many suits to collect unpaid fees have you filed against your clients during the last year?: 2. Do you have a docket system with at least two independent date controls?: □Yes □No 3. Is one of the docket systems computerized?: □Yes □No 4. Does your firm use the following letters for all clients?: □Engagement Letters □Non-engagement letters □Disengagement Letters □Changes in scope of engagement S. Which of the following conflict avoidance systems do you maintain? Check all that apply: □Non □Computer □Index File □Conflict Committee □Memory 6. Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details: □Yes □No 7. Has any action been taken against any lawyer in the firm for disbament, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details: □Yes □No 8. Are there any wholly owned entities you would like us to consider for coverage? □ None □ Mediation/Arbitration □ Title Agency □ Other, please specify: □ 9. A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? □Yes □ No 10. Does any client or group of clients make up 10% or more of the firms gross receipts? □ Yes □ No 11. Has any member of the firm been involved in class action or mass tort litigation? □Yes □ No							%	
 1. How many suits to collect unpaid fees have you filed against your clients during the last year?:	Family Law	%						
 2. Do you have a docket system with at least two independent date controls?:YesNo 3. Is one of the docket systems computerized?:YesNo 4. Does your firm use the following letters for all clients?:Engagement LettersChanges in scope of engagement 5. Which of the following conflict avoidance systems do you maintain? Check all that apply:NoneComputerIndex FileConflict CommitteeMemory 6. Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details:YesNo 7. Has any action been taken against any lawyer in the firm for disbament, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details:YesNo 8. Are there any wholly owned entities you would like us to consider for coverage?No 9. A. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm?YesNo 8. What is the average weekly number of hours spent in primary employment? (<i>If applicant works full time for another law firm, please provide details on a separate page.</i>) 10. Does any client or group of clients make up 10% or more of the firms gross receipts?YesNo (<i>If yes please complete Outside Interest Supplement.</i>) 11. Has any member of the firm been involved in class action or mass tort litigation?YesNo Return to:								
	 2. Do you have a docket system with at least two independent date controls?: □Yes □No 3. Is one of the docket systems computerized?: □Yes □No 4. Does your firm use the following letters or all clients?: □Engagement Letters □Non-engagement letters □Disengagement Letters □Changes in scope of engagement 5. Which of the following conflict avoidance systems do you maintain? Check all that apply: □None □Computer □Index File □Conflict Committee □Memory 6. Have there been any Professional Liability claims reported against the firm or any past or present attorneys in the past five years or are you aware of any circumstances that may give rise to a claim? If yes please provide details: □Yes □No 7. Has any action been taken against any lawyer in the firm for disbament, suspension, reprimand, or other disciplinary action in the past five years or is any grievance complaint pending? If yes please provide details: □Yes □No 8. Are there any wholly owned entities you would like us to consider for coverage? □None □Mediation/Arbitration □Title Agency □Other, please specify: □No 8. Are you a solo practitioner who only works part time (less than 25 hours/week) at applicant law firm? □Yes □No B. What is the average weekly number of hours spent in primary employment? (<i>If applicant works full time for another law firm, please provide details on a separate page.</i>) 10. Does any client or group of clients make up 10% or more of the firms gross receipts? □Yes □No 11. Has any member of the firm been involved in class action or mass tort litigation? Use □No 							
			Signature:	7 (Princ):				