

**Lawyers Professional Liability Insurance**

Getting a Proposal on your Professional Liability Insurance Made Easy!!!

Take advantage of this opportunity to get a price comparison proposal on your Lawyers' Professional Liability Insurance. Simply complete this profile form and return to our office as outlined on the Instruction sheet, please include a copy of the firms' letterhead with your forms.

<b>Firm Name:</b> _____	<b>Contact:</b> _____
<b>Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____ <b>E-Mail:</b> _____
<b>Firm's Website Address:</b> _____	<b>Date Admitted to Bar:</b> _____

<b>Current Coverage:</b>	
Expiration Date _____	Current Carrier _____ Current Limits _____
Deductible \$ _____	Current Premium \$ _____ Date firm established _____ Prior Acts Date _____
<b>Provide a copy of your firm's declarations page and any optional endorsements on your current policy. Be sure to include prior acts dates for the firm and any individual attorney prior acts dates, if applicable.</b>	

Please breakdown the total number of attorneys in your firm by the number of years they have worked on behalf of the firm: Note any attorneys working less than 1,000 hours per year.

*Of Counsels should not to be included unless individual coverage desired. If individual coverage is desired, provide number of hours worked per each Of Counsel.*

8+years  7 years  6 years  5 years  4 years  3 years  2 years  1 year  Less than 6 months

Provide the total number of non-lawyer employees in your firm.: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-time or Seasonal

Indicate the percentage of the firm's income derived from the following areas of practice: **(Must total 100%)**

**\* Areas that will require completion of supplement forms.\***

Administrative Law	%	Environmental *	%	Workers Compensation – Defense	%
Admiralty / Marine	%	ERISA/Employee Benefits	%	Workers Compensation – Plaintiff *	%
Arbitration / Mediation	%	Estate Planning/Probate/Trusts/Wills	%	Municipal Law – Do not include bond work	%
Banking/Financial Institution *	%	Immigration	%	Oil & Gas	%
Bankruptcy	%	International	%	Product Liability	%
Bonds: Federal, State or Municipal *	%	Investment Counseling/Money Management *	%	Public Utilities	%
Business/Corporate	%	Juvenile/Guardian Ad Litem	%	Real Estate *	%
Collection	%	Labor Relations	%	Securities *	%
Copyright/Patent/Trademark *	%	Landlord/Tenant	%	Social Security	%
Corporate Formation/Alteration	%	General Commercial – Defense	%	Taxation *	%
Criminal	%	General Commercial – Plaintiff *	%	Tax Options *	%
Discrimination/Harassment	%	Bodily Injury/Personal Injury – Defense	%	Other – If greater than 5% provide details	%
Domestic/Family Law	%	Bodily Injury/Personal Injury – Plaintiff *	%		
Entertainment *	%	Insurance Defense	%		

# Firm Information

1. Is the firm involved with any mass tort / class action plaintiff work? Y / N \_\_\_\_\_
2. Have all attorneys taken a minimum of 6+ hours of Continuing Legal Education in the past 12 months? Y / N \_\_\_\_\_
3. Docket Control System: How many independent controls are kept? \_\_\_\_\_ Is it computerized Y / N \_\_\_\_\_
4. If sole proprietor, do you have a back up attorney in case of emergency or extended absence? Y / N \_\_\_\_\_
5. Does the firm use engagement/retainer letters? Y / N \_\_\_\_\_
6. Does the firm use non-engagement and non-representation letters? Y / N \_\_\_\_\_
7. Does the firm maintain a conflict of interest avoidance system other than memory? Y / N \_\_\_\_\_ **(If no, please explain)**
8. Does the firm's conflict of interest avoidance system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged, or acquired firms? Y/N \_\_\_\_\_
9. Are business ventures permitted with clients of the firm? Y/N \_\_\_\_\_
10. If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? (If no, explain by attachment.) Y / N \_\_\_\_\_
11. How many suits to collect unpaid fees were initiated by the firm against their clients in the past 12 months? \_\_\_\_\_
12. Does the firm have any clients that generate 25% or more of the firm's gross revenue? Y/N \_\_\_\_\_ **(If yes, identify client, nature of client's business, and the percentage of billings)**
13. Does any firm attorney serve in any official capacity or hold any equity interest in a client of the firm? \*\* Y / N \_\_\_\_\_
14. During the past 5 years, has any claim/suit been made against the firm or any attorney and/or are you aware of any potential claims? \*\* Y / N \_\_\_\_\_
15. Has any attorney ever had disciplinary actions against them? Y / N \_\_\_\_\_ **(If yes, please furnish details on firm letterhead)**
16. Has the firm or any member of the firm had professional liability insurance non-renewed, decline or canceled? Y / N \_\_\_\_\_ **(If yes, please furnish details on firm letterhead)**
17. Has the firm had continuous insurance over the past 5 years? Y / N \_\_\_\_\_
18. Limits requested: \_\_\_\_\_ Deductible requested: \_\_\_\_\_
19. If you have completed an application for another carrier, please attach to this along with a copy.

**\*\* Supplemental forms and additional information may be needed to bind coverage.**

## Notice to Applicant – Please Read Carefully

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

Applicant acknowledges a continuing obligation to any material changes in the facts and statements above, and in any supplemental application, of which applicant becomes aware after signing this profile form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
**(Owner, Officer, Partner)**

**Please contact Marsh at (800) 621-2351 if you have any questions, or fax back this form to (515) 282-7839**