



Premium Estimate Form Instructions

The attached form must be completed in full and signed and dated by an Owner, Officer or Partner of the firm.

Important

Please note that the Name of the Applicant Firm listed on the Premium Estimate Form will become the Named Insured on the policy. It is important, therefore, to accurately list the firm's full and legal name.

Required Information

- ▶ Provide a copy of the firm's **letterhead**.
- ▶ 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.
- ▶ For all pending, closed or potential claims a **supplemental claim form** will need to be completed. Please contact our office at the below listed number to request this form.
- ▶ Should the firm practice any of the below listed areas, a supplemental form will be required. Contact our office at the below number, and we will be happy to forward it to you.
 - **Bonds**
 - **Real Estate (if Land Use/Development)**
 - **Taxation (if Tax Opinions)**
 - **Environmental**
 - **Securities**

Return Instructions

Please fax the completed form and all required information to:

FAX TO:

Mary Whisenand
Marsh Affinity
Fax: (888) 578-7741

or

MAIL TO:

Marsh Affinity
P.O. Box 10302
Des Moines, IA 50306

If you have any questions regarding the form or the required information, please contact me at **(866) 236-6582 Ext. 54107**.

Lawyers Professional Liability Insurance

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.

Firm Name: _____ **Contact:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Firm's Website Address: _____

Current Coverage:

Expiration Date _____ Current Carrier _____ Current Limits _____

Deductible \$ _____ Current Premium \$ _____ Date firm established _____ Prior Acts Date _____

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.

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 are considered Part-Time.

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 _____ years _____ years _____ years 4 years 3 years 2 years 1 year s 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 report to the Company as soon as practicable any material changes in the facts and statements above, and in any supplemental application, of which applicant becomes aware after signing this profile form.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claim expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

The Lawyers Professional Liability Program has been organized as a purchasing group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed profile form has been approved and your premium payment has been received.

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 (866) 236-6582 if you have any questions, or fax back this form to (888) 578-7741