

Lawyers Professional Liability Premium Indication

This form is for a non-binding premium indication request. Indications may be subject to a fully completed and accepted new business application. Return completed premium indication form to jock.wols@myriskdesk.com. Please attach a copy of firm letterhead and a copy of policy declarations page (if available).

Firm Information

Firm Name / Applicant		Annual Revenues	
Address	City	State	Zip Code
Contact Person	Phone Number	Email	

Attorney Information

Attorney Name	Year Admitted to Bar	Year Joined Firm	Position *	Avg Weekly Hours

* (OC) Of Counsel (P) Partner (S) Solo (E) Employed Attorney (IC) Independent Contractor

Area of Practice

Administrative Law	%	Family Law	%	Pension and Employee Benefits	%
Admiralty Law	%	Financial Planning	%	Pers. Injury and Neg. - Def.	%
Antitrust/Trade	%	Government Contracts/Relations	%	Pers. Injury and Neg. - Pltf.	%
Arbitration/Mediation	%	Healthcare	%	Plaintiff Class Action	%
Banking/Financial Institution	%	Immigration and Naturalization	%	Plaintiff Mass Tort	%
Civil Rights/Discrimination	%	Insurance	%	Real Estate/Title Agent - Res.	%
Collection/Bankruptcy	%	IP - Patent/Trademark	%	Real Estate/Title Agent - Com.	%
Construction Law	%	IP - Copyright	%	Securities Law	%
Consumer Law	%	International Law	%	Taxation	%
Corp. & Business Transactions	%	Labor - Mgmt. Representation	%	Wills/Trust/Estate/Probate	%
Criminal	%	Labor - Labor Representation	%	Work Comp. - Def.	%
Employment Law - Defense	%	Com. and Business Lit. - Def.	%	Work Comp. - Pltf.	%
Employment Law - Plaintiff	%	Com. and Business Lit. - Pltf.	%	Other:	%
Entertainment/Sports	%	Mergers & Acquisitions	%	Other:	%
Environmental Law	%	Natural Resources	%	TOTAL (must equal 100%)	

Insurance History

Carrier _____

Expiration Date _____

Premium _____

Limits _____

Deductible _____

Retroactive Date _____

Within the past five years, has the applicant reported any professional liability claims? Yes No

Within the past five years, has any attorney been subject to any disciplinary complaints? Yes No

Additional Information

- Do you use the following client communication letters for all clients?
 Engagement Disengagement Declination Termination
- Does your docket system consist of any of the following?
 Single Calendar Dual Calendar Tickler Computer Other
- Which of the following conflict avoidance systems do you maintain?
 Computer Index File Conflict Committee Oral None
- How many suits for the collection of fees were filed during the past two years? _____
- Does any client or group of clients represent more than 50% of the firm's billings? Yes No

Completed By: _____ Signature: _____ Dated: _____