

LA WYERS PROFESSIONAL LIABILITY PRELIMINARY PREMIUM INDICATION WORKSHEET

FIRM NAME: _____ CONTACT: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ EMAIL: _____
 Website: _____

Date firm establish: ___ / ___ / ___
 # of attorneys: _____ # of counsel: _____
 # of support staff: _____
 # of attorneys (excl. OC's) and their years of experience
 # of years # of attorneys
 5+ years _____
 4 years _____
 3 years _____
 2 years _____
 1 year _____
 Less than 6 months _____
 How many attorneys have participated in CLE during the past 12 months? _____
 Estimated annual gross income: \$ _____

Do you maintain a docket control system with at least two independent date controls? **Y / N**
 Is a conflict of interest system maintained? **Y / N**
 Are engagement and non-engagement letters always used? **Y/N**
 Have you sued to collect fees in the last 5 Years? **How many?**
CURRENT INSURANCE:
 Carrier: _____ Broker: _____
 Renewal Date: ___ / ___ / ___ How many years with current carrier? ___
 Limits: _____ / _____ Deductible: _____
 Defense Limits: Inside / Ou first Dollar Defense:
 Premium: _____ Prior act date: ___ / ___ / ___
 Any lapse in coverage from the Prior acts date? **Yes / No**

1) Are you aware of any claims against your firm and/or any incidents that could result in a claim against your firm within the past five years? Y / N
 If "YES" how many? _____ **If "YES", please provide specific details of each on letterhead**, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.

2) Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administrative agency or regulatory body? Y / N **If "YES", please provide details on letterhead.**

3) Does the firm do any class action or mass tort work? . **If "YES", please provide details on firm's letterhead.**

AREA OF PRACTICE PERCENTAGES (Percentages must total 100%):

Administration	%	Domestic Relations/Family	%	Oil/Gas/Minerals	%
Admiralty/Maritime	%	Employee Benefits	%	Patent	%
Antitrust/Trade Regulation	%	Entertainment/Sports	%	Public Utilities	%
Arbitration/Mediation	%	Environmental	%	Real Estate/Commercial	%
Banking/Financial Institutions	%	Estates/Probate/Wills/Trusts	%	Real Estate/Residential	%
Bankruptcy	%	Foreign/International	%	School Law	%
BI/PI Defense	%	Healthcare	%	Securities	%
BI/PI Plaintiff	%	Insurance	%	Social Security/Elder Law	%
Civil Rights/Discrimination	%	Investments/Money Mgmt	%	Tax/Corporate	%
Collection/Repossession	%	Labor Law/Management	%	Tax/Individual	%
Communication/FCC	%	Labor Law/Union	%	Water Rights	%
Copyright/Trademark	%	Medical Malpractice %		Work Comp/Defense	%
Corporate-Formation	%	Mergers & Acquisitions	%	Work Comp/Plaintiff	%
Corporate-General	%	Mold Litigation	%	Other (Describe)	%
Criminal	%	Municipal	%	Total	100%

PLEASE NOTE: This worksheet is intended for the purpose of obtaining a Preliminary Premium Indication. In order for any company to extend a firm coverage offer, a fully completed application and any applicable supplements must be completed. This quote request rescinds a broker of record letter and names Hill & Usher Insurance & Surety as the exclusive Agent of Record with no rescinding options for any Insurance Company from which Hill & Usher Insurance & Surety provides an indication and offer of terms. This does not include the current insurance company where you are currently insured.

X _____
 Sign above if faxing or enter your initials if clicking "Submit" _____ Print or type full name above _____ Date _____

PLEASE FAX THIS FORM BACK TO 602-956-4418 or EMAIL to lawquote@hillusher.com