

Lawyers Professional Liability Premium Indication Questionnaire

Name of Firm: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____

Attorneys to be insured	Date Admitted to Bar	Date Joined Firm	If Part-Time # of Hours	Retroactive Date (if any)

Internal Controls:

Does the firm have a conflict avoidance system? Yes No
 Does the firm regularly use engagement letters? Yes No
 Does the firm regularly use declination letters? Yes No
 Does the firm have a peer/associate review system? Yes No
 Are there 2 calendars to track important dates? Yes No
 Are the calendars crossed checked by 2 people? Yes No
 How many suits for fees in the past 2 years? _____

Insurance History:

Current carrier: _____
Expiration date: _____
Limits: _____
Deductible: _____
 Premium: _____
 Yr firm established: _____
 Retroactive date: _____

Areas of Practice (% annual gross billings from each area of practice – total should equal 100%)

%	Administrative Law	%	Elder Law/Social Security	%	Probate & Trust Administration
%	Arbitration/Mediation		Labor Law		Plaintiff Litigation
%	Banking/Financial Institutions	%	Employee/Union Rep.	%	Class Action
%	Bankruptcy	%	Management Rep.	%	Commercial/Corporate
%	Civil Rights/Discrimination	%	Employee Benefits/ERISA	%	Medical Malpractice
	Civil Litigation	%	Entertainment/Sports Law	%	Personal or Bodily Injury
%	Defendant Representation		Environmental Law	%	Work Comp/Social Security
%	Plaintiff Representation	%	Litigation		Real Estate
%	Collection/Repossession	%	Regulatory	%	Residential
%	Construction Law	%	Family Law – not divorce	%	Commercial
	Corporate	%	Family Law - divorce	%	Landlord/Tenant
%	General	%	Guardianship/Juvenile	%	Title
%	Formation/Alteration	%	Immigration/Naturalization	%	Syndication/Development
%	Mergers/Acquisition	%	International Law	%	School Law
%	Copyright/Trademark	%	Investment/Money Mgt	%	Securities Law
%	Criminal	%			Taxation
	Defense Litigation		Municipal Law	%	Individual
%	Commercial/Corporate	%	Zoning & Planning	%	Commercial
%	Bodily Injury/Personal Injury	%	Other – not Bonds	%	Water Rights
%	Insurance Co. Representation		Oil/Gas/Natural Resources	%	Wills/Trusts/Estates
%	Workers Compensation	%	Patent	%	Other – If >5% describe

Claims/Incidents/Bar Activity:

Any claims or incidents in the past 5 years? Yes No
 Any grievances/complaints/disciplinary within past 5 years? Yes No

If “yes” above please provide brief explanation on separate on separate sheet.

Return to:

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 Fax: 954-281-7090

THIS FORM IS FOR A PREMIUM INDICATION ONLY. PLEASE RETURN TO ABOVE INDICATED WITH A SAMPLE LETTERHEAD. TO RECEIVE A “QUOTATION” A FULLY COMPLETED APPLICATION WILL BE REQUIRED.