

Firm Name _____ Year Established _____
 Street Address _____
 City _____ County _____ State _____ Zip Code _____
 Contact Person _____ Telephone _____ Email/Fax _____
 Policy Expiration Date: _____ Exclusion Date Retroactive or "Prior Acts": _____
 Current Limits: _____ Current Deductible: _____ Aggregate or Each Claim _____
 OPTIONAL COVERAGES : Title Agency _____ Claim Expenses Outside Limit (CEOL) _____ First Dollar Defense _____

Professional Liability Carrier _____ Years continuous coverage _____ Premium: _____
 ❖ Please provide information about the attorneys in your firm (If more than five (5) attorneys, please use a separate sheet of paper.)

Name of Attorney	Date Began Private Practice (MM/DD/YY)	Date Joined Firm (MM/DD/YY)	Status: Employee/Partner/ Of Counsel/Indep. Contractor	# Hours Worked per Week	Indicate individual retroactive exclusion date (MM/DD/YY) If applicable

❖ **Areas of Practice: Provide percentages of time devoted during the previous year in each area of practice (Must Total 100%).**

_____ Admiralty/Marine – Defense	_____ Family Law, Continued	_____ Natural Resources/Oil & Gas
_____ Admiralty/Marine – Plaintiff	_____ Elder Law	_____ Real Estate
_____ Anti-Trust/Trade Regulation	_____ Guardianship/Juvenile	_____ Abstracting/Title – Commercial
_____ Arbitrator/Mediator	_____ Social Security	_____ Abstracting/Title – Residential
_____ Banking/Financial Institutions	_____ Govt. Contracts/Claims	_____ Conveyance – Commercial
_____ Bankruptcy	_____ Healthcare – Regulatory Compliance	_____ Conveyance – Residential
_____ Business Transactions/Corp. Law	_____ Immigration/Naturalization	_____ Foreclosures & Loan Workouts
_____ Administrative	_____ Intellectual Property *	_____ Landlord/Tenant
_____ Formation of Entities	_____ International Law	_____ Syndications/Ltd. Partnerships
_____ General Contract Negotiation	_____ Labor/Employment – Management	_____ Zoning & Planning
_____ Mergers & Acquisitions	_____ Labor/Employment – Employee	_____ Securities *
_____ Secured Transactions	_____ Labor/Employment – Union	_____ Taxation
_____ Civil Rights/Discrimination	_____ Litigation	_____ Business
_____ Collections	_____ Class Action/Mass Tort – Defense	_____ Individual
_____ Construction (Building Contracts)	_____ Class Action/Mass Tort – Plaintiff *	_____ Tax Litigation
_____ Consumer Claims (not class action)	_____ General Commercial – Defense	_____ Opinions
_____ Criminal	_____ General Commercial – Plaintiff	_____ Wills, Estate, Trust, Probate
_____ Entertainment/Sports money mgmt	_____ Insurance Defense	_____ For assets < 1M
_____ Entertainment/Sports No money mgmt	_____ Personal Inj./Prop Damage – Defense	_____ For assets > 1M
_____ Environmental Law	_____ Personal Inj./Prop Damage – Plaintiff	_____ Other (please describe)
_____ ERISA/Pension/Employee Benefits	_____ Personal Inj/Med Mal -Plaintiff	_____
_____ Family Law	_____ Work Comp – Defense	_____ Total
_____ Adoption	_____ Work Comp – Plaintiff	_____
_____ Divorce – Marital Assets < 1M	_____ Lobbying	_____
_____ Divorce – Marital Assets > 1M	_____ Local Govt./Municipal (not bonds)	_____

❖ **Please Tell Us About Your Law Firm:**

<input checked="" type="checkbox"/> Does the firm have a docket system with two independent date controls?	Yes No	<input checked="" type="checkbox"/> How many suits for fees have you filed against your clients in the last 2 years? _____
<input checked="" type="checkbox"/> Do you have a conflict of interest avoidance system?	Yes No	<input checked="" type="checkbox"/> Total number of employees including attorneys _____
<input checked="" type="checkbox"/> Do you use engagement/disengagement letters?	Yes No	<input checked="" type="checkbox"/> Firm Gross Revenue _____

Any Professional Liability claims or incidents reported against any of the attorneys' listed, prior partners or associates in the last 5 years?
 Yes* No * # Closed _____ # Open _____ If yes, please complete a Description of Claim or Incident on the attached claims supplement.
 Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim?
 Yes* No * If yes, please complete a Description of Claim or Incident Supplement on the attached claims supplement.
 Have any of the firm's attorneys been the subject of any disciplinary action, for any reason other than non-payment of dues, within the last five years?
 Yes* No * If yes, please complete a description and include resolution letter from state bar.

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application. Please Include a Copy of Expiring Declarations Page & Endorsements.

Attorney Signature: _____ **Date:** _____

Claims Summary

Firm Name: _____

Please complete the following for each claim/suit/Incidents filed against the firm in the past 5 years
(Attach separate sheet if necessary)

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

*If unknown, inquire of defense counsel or insurance company.

FAX to 616-940-1196 or E-mail to Info@L2Ins.com