



P.O. Box 6000
 LONGVIEW, TEXAS 75608-6000
 PHONE: 800.423.5297

4000 TECHNOLOGY CENTER
 LONGVIEW, TEXAS 75605-2697
 FAX: 800.545.4844

It's WHO We ARE It's WHAT We DO

AIM@ATTORNEYSINSURANCE.COM WWW.ATTORNEYSINSURANCE.COM

PREMIUM INDICATION FORM

(This is not an application for coverage)

1. _____

NAME OF FIRM _____	YR. FIRM EST. _____
PHYSICAL ADDRESS _____	ZIP CODE _____
MAILING ADDRESS _____	ZIP CODE _____
CITY _____ STATE _____ COUNTY _____	
BUSINESS PHONE _____ BUSINESS FAX _____	
EMAIL ADDRESS _____ WEBSITE ADDRESS _____	
CONTACT PERSON _____ EMAIL ADDRESS _____	

IS FIRM:

 SOLE PRACTITIONER
 PARTNERSHIP
 PROF. CORPORATION
 OTHER _____

2. PROVIDE INFO ON ALL ATTORNEYS THAT RENDER SERVICE ON BEHALF OF FIRM

NAME OF ATTORNEY(S)	Principal Associate Of Counsel	Contract	States Licensed to Practice	Date Admitted To Bar Month/Year	Date Joined Firm Month/Day/Year	Number of Hours Worked Per Week
1.						
2.						
3.						
4.						
5.						

PROVIDE SAME INFORMATION ON ADDITIONAL ATTORNEYS BY ATTACHMENT

3. IS THE FIRM CURRENTLY INSURED: _____ IF YES, WHAT IS THE PRIOR ACTS EXCLUSION DATE _____
 LIST PAST 5 YEARS OF INSURANCE HISTORY BELOW: _____ mm / dd / yy

Insurance Company	Limits of Liability	Deductible Amount	From Month / day /year	To Month / day /year

4. Please select the limits and deductible desired:

Limits: Per Claim / Policy Aggregate		Deductible	
<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,500	
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$5,000	
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> Other please specify: \$		<input type="checkbox"/> Other please specify: \$	

5. Sole Practitioners **must** provide name of back-up attorney: _____
6. Number of support staff: Paralegal / Law Clerk _____ Secretarial _____ Other _____
7. Is the firm's date/docket control system computerized? Yes No
8. Does the firm have a conflict of interest avoidance system? Yes No
9. Indicate percentage of time the firm utilizes:
- a) An engagement letter/contract when accepting a new client? _____ %
- b) A non-engagement letter when declining to represent? _____ %
- c) A disengagement letter when concluding a matter? _____ %
10. How many suits for collections of attorney's fees have been filed by the firm in the last 24 months? _____
Disposition of fee suits: # Open _____ # Closed in favor of firm _____ # Closed in favor of client _____
11. Has any attorney been the subject of a reprimand, disciplinary action or grievance in the past 5 years? Yes No
Date of action(s) / complaint _____ Final disposition of matter(s) _____
12. Does any attorney in this firm serve as a director, officer, trustee or partner of, or own equity interest in any client of the firm? **If yes, provide details by attachment.** Yes No
13. Has any attorney ever had malpractice coverage cancelled or non-renewed? **If yes, provide details by attachment.** Yes No
14. Has any attorney had a claim, suit or incident in the past 5 years? **If yes, provide details by attachment.** Yes No
15. Please indicate percentage of time devoted to the following areas of practice:

	%	Litigation	
Admiralty / Marine - Defense	%	Class Action – Defense	%
Admiralty / Marine - Plaintiff	%	Class Action – Plaintiff	%
Anti-Trust / Trade Regulation	%	General Commercial – Defense	%
Arbitrator / Mediator	%	General Commercial – Plaintiff	%
Appellate Law	%	Insurance Defense	%
Banking / Regulatory	%	Personal Injury/Prop Damage – Defense	%
Bankruptcy	%	Personal Injury/Prop Damage – Plaintiff	%
Business Transactions/Corporate Law		Workers' Compensation – Defense	%
Administrative	%	Workers' Compensation – Plaintiff	%
Formation of Entities	%		
General Contract Negotiation	%	Local Government/Municipal (not bonds)	%
Mergers & Acquisitions	%	Natural Resources/Oil & Gas	%
		Public Utilities	%
Civil Rights / Discrimination	%	Real Estate	
Collections	%	Real Estate - Commercial	%
Construction (Building Contracts)	%	Real Estate - Residential	%
Consumer Claims	%	Real Estate - Foreclosure	%
Criminal	%	School Law	%
Entertainment	%	Securities (SEC, Blue Sky, Bonds)	%
Environmental Law	%	Social Security	%
ERISA/Pension/Employee Benefits	%	Taxation	
Family Law		Business – Tax Preparation	%
Adoption	%	Individual – Tax Preparation	%
Divorce – marital assets <\$1M	%	Tax Opinions	%
Divorce – marital assets \$1M-\$5M	%	Tax Litigation	%
Divorce – marital assets >\$5M	%	Other	%
Guardianship/Juvenile	%		
Elder Law	%		
Govt. Contracts/Claims	%	Wills, Estate, Trust, Probate & Planning	
Healthcare – Regulatory Compliance	%	For assets <\$1M	%
Immigration/Naturalization	%	For assets \$1M-\$5M	%
Intellectual Property	%	For assets >\$5M	%
International Law	%	Other (please describe):	%
Labor/Employment – Management	%	Total	100 %
Labor/Employment – Employee or Union	%		

FAX TRANSMISSION

DATE: _____ FAX: **(800) 545-4844**
TO THE ATTENTION OF: **Lynn M. Spaulding**
COMPANY/FIRM: **Attorney's Insurance Marketplace**
FROM: _____ PAGES INCLUDING THIS SHEET: _____
RE: **Price Estimates on Attorney Liability Coverage**

Dear Lynn,

Thank you for your inquiry! Please complete the attached **Premium Indication Form** and fax back to us along with a **copy of your letterhead**.

Upon receipt we will proceed in obtaining some price estimates for your firm.

If you have any questions or need additional information, please call me.

Thank you,