



Lawyers' Professional Liability Premium Indication Form Direct Submission

Please complete all parts of this form and return with a sample of the firm's letterhead noting this is not an application for coverage. The information provided will be used to prepare a premium indication only. The terms will be subject to receipt and favorable review of a fully completed application and applicable supplements in order to offer a premium quotation.

1) Contact Information

Name of Firm: _____ Year Established: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

2) Current Insurance

- a) Is the applicant firm currently covered by a lawyers professional liability insurance policy? Yes No
 b) If you answered "no", what is the desired effective date for this new policy? _____
 c) If you answered "yes", please complete the LPL history table.

Carrier	Limit	Deductible	Premium	Policy Term (From- To)*

3) Limits of Liability Desired: _____ Deductible Desired: _____

4) Firm Retroactive Date: _____

5) Attorneys (if not enough room for additional Attorneys, please attach by addendum)

Attorney Name	D/C*	Retroactive or Prior Acts Date	SSN/ Bar Number	Years in Practice	Date Joined Firm (MM/DD/YYYY)	Average hours worked/week

*Designation Codes (D/C) O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers, S = Sole Proprietor, E = Employed lawyers, C = Of Counsel Attorneys, I/C = Independent Contractors, PT = Part-Time lawyers (work less than 26hrs/week on average for firm)

6) Claims/Incidents/Disciplinary Matters:

a) Has any professional liability claim or suit been made in the past five years against the firm or its predecessor or any current or former member of the firm or its predecessor firm(s)? Yes No Total Number: _____

b) After inquiry, does any firm member know of any circumstance, situation, act or error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) in the past five years? Yes No Total Number: _____

If you responded "yes" to either 6a or 6b, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed. If needed, please contact us for a copy of a Claim Supplement to provide details on the matter(s).

c) During the past ten years has any Attorney in Question 3 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No Note, if yes – please provide firm's explanation of matter or copy of complaint with the firm's response and an update as to the status of the matter with Grievance Comm.

If you have any questions, please call 610.537.1441 to speak with Mike Mooney, Director of Sales or email Mike.Mooney@USIAffinity.com with questions.



AFFINITY

d) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association? Yes [] No []

7) If applying as a Sole Practitioner for Part Time Coverage, are you employed in any capacity other than working as a Part Time Lawyer as applied for herein? Yes [] No [] N/A []

8) Suits for Fees: How many suits for the collection of fees have been filed against clients in the past 5 years? _____

9) Other Offices: Please list other offices of the firm not listed in this form by addendum.

10) Administrative Controls:

- a) Does the firm maintain a Docket Control System with at least two Independent date controls? Yes [] No []
b) Is one of the controls computerized? Yes [] No []
c) Does any single client represent 50% or more of the firm's gross billings? Yes [] No []
d) Does firm maintain a conflict of interest system? Yes [] No []

11) Please attach a sample of the firm's letterhead

12) Percentage of Firm's Income Derived from the following Areas of Practice for last fiscal year: (If this is a new firm, estimate income going forward):

Table with 6 columns: Area of Practice, Percentage, Area of Practice, Percentage, Area of Practice, Percentage. Includes categories like Admiralty/Maritime, Anti-trust/Trade Regulation, etc.

* "OTHER" Description Area: _____

13) Does the firm handle or represent or engage in any Mass Tort or Class Action work? Yes [] No []

*If the firm has Fee Arrangements for Medical Malpractice cases referred to another firm, please describe the follow up procedures in place for the referred matter(s) and confirm the recipient firm maintains professional liability insurance: _____

I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound after the carrier's fully completed application and applicable supplements have been submitted and approved by the carrier.

Signature: _____

Date: ___/___/___
mm dd yyyy

Print Name: _____

Title: _____

Please return the completed questionnaire to:

USI Affinity
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