



LEGAL MALPRACTICE INSURANCE
REQUEST FOR A PREMIUM INDICATION

FIRM NAME:

CONTACT PERSON: NUMBER OF LAWYERS IN FIRM:

ADDRESS:

CITY: ST: ZIP: COUNTY:

PHONE NUMBER: FAX NUMBER:

E-MAIL ADDRESS:

AREA OF LAW	% REVENUE	AREA OF LAW	% REVENUE
Administrative Law		Personal Injury- Plaintiff	
Admiralty		Personal Injury - Defendant	
Anti-trust		Tax Litigation	
Appellate Practice		Workers' Compensation - Applicant	
Banking		Workers' Compensation - Employer	
Bankruptcy		Patents/ Trademarks/ Copyright	
Civil Liberties/Civil Rights/Discrimination/Class Action		Public Utilities	
Collection/Repossession		Real property	
Commercial Law		Commercial	
Condemnation		Residential	
Communications/FCC		Landlord/ Tenant	
Corporate Law		Homeowners Association	
Criminal		Syndication Development	
Domestic Relations/Family Law		Title Work	
Entertainment, including Sports		Securities (Registered or Exempt)	
Environmental Law- Regulatory		Federal and/ or State	
Estate Planning		Public Offerings (including intrastate offerings)	
General Business Litigation		Private Placements	
Immigration		Bonds	
Insurance (other than torts)		Tax Planning	
International Law		Wills, Trusts and Probate	
Investment Counseling/Money Management		Other (provide details below)	
TOTAL (MUST EQUAL 100%)			

ANY REPORTED INCIDENTS/CLAIMS IN THE PAST 10 YEARS? NO YES IF YES, HOW MANY?

ANY BAR DISCIPLINARY PROCEEDINGS IN THE PAST 10 YEARS? NO YES

IF YES, HOW MANY?



**WILLIAM
CHRISTOPHER**
INSURANCE BROKERS, INC.

DO YOU HAVE A DUAL CALENDARING SYSTEM? NO YES

DO YOU HAVE A SYSTEM FOR CROSS-REFERENCING YOUR CLIENT LIST TO PROTECT POTENTIAL CONFLICTS OF INTEREST? NO YES

IF YOU ARE A SOLO PRACTITIONER, DO YOU HAVE A LAWYER WHO WILL BE RESPONSIBLE FOR YOUR AFFAIRS IF YOU ARE ABSENT FOR AN EXTENDED PERIOD OF TIME (VACATION, ILLNESS, DISABILITY)?
 NO YES N/A

HAVE YOU SUED FOR FEES IN THE PAST 5 YEARS? NO YES

COVERAGE DATE REQUESTED: FIRM ESTABLISHED DATE:

LIMITS DESIRED (CHECK ONLY ONE)

\$100,000/\$300,000 \$250,000/\$750,000 \$500,000/\$1.5M \$1M/\$3M \$2M/\$4M
 Other \$

DEDUCTIBLE DESIRED (CHECK ONLY ONE)

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other \$

CURRENTLY INSURED: NO YES IF YES, EXPIRATION DATE:

NAME OF CARRIER: ANNUAL PREMIUM:

NAME OF LAWYER(S) TO BE INSURED

EMPLOYMENT DATE

PRIOR ACTS DATE

1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>