

**Attorneys Malpractice Insurance Brokers & Specialists**

**MALPRACTICE INSURANCE QUICK QUOTE FORM**

Please attach a copy of the firm's letterhead and a copy of the current policy declarations page.

Law Firm:	
Address:	
Telephone No.	Fax No:
Email Address	

**CURRENT INSURANCE INFORMATION**

Carrier:		Expiration Date:	
Retroactive Date:		Expiring Premium Based on # of Attys	\$ _____ #
Limit of Liability:		Deductible:	

**CURRENT LAW FIRM INFORMATION**

# of staff members (not incl. lawyers)	Firm Revenue (for last year ended)
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Provide the percentage of income derived from the law firm's area of practice  
Round to the nearest whole percent – total should equal 100%

%	Administrative Law	%	Corporate Mergers & Acquisitions	%	Land Use & Zoning
%	Admiralty Law	%	Criminal	%	Local Government (not bonds)
%	Adoption Law	%	Divorce w/Assets <1M	%	Natural Resources (Oil & Gas)
%	Antitrust/Trade Regulation	%	Divorce w/Assets \$1M-\$5M	%	Personal Injury – Defense
%	Arbitration/Mediation	%	Divorce w/Assets >5M	%	Personal Injury – Plaintiff *
%	Bankruptcy	%	Entertainment*	%	Real Estate – Commercial *
%	Business Trans/Contracts	%	Environmental Law	%	Real Estate – Residential *
%	Civil Rights & Discrimination	%	ERISA / Employee Benefits	%	Real Estate – Title/Abstracting *
%	Class Action/Mass Torts*	%	Financial Inst / Banking	%	Securities or Bonds
%	Coll/Repo-Commercial*	%	Govt Contracts & Claim	%	Social Security
%	Coll/Repo-Consumer*	%	Guardianship/Juvenile/Elder	%	Taxation
%	Commercial Litigation	%	Immigration	%	Wills, Trusts, Estate <1M
%	Civil Litigation	%	Insurance Defense	%	Wills, Trusts, Estate \$1M – 5M
%	Const/Bldg Contracts	%	Intellectual Property *	%	Wills, Trusts, Estate >5M
%	Consumer claims	%	International Law	%	Workers Comp – Def
%	Corporate Administrative	%	Labor-Management	%	Workers Comp – PI
%	Corp & Bus Org	%	Labor-Union/Employee	%	Other *

- = Please add brief narrative explaining nature of work on a separate page



-- Has any lawyer in the law firm been disciplined or denied the right to practice; or is there any such proceeding pending?  Yes  No

-- What is the total number of incidents/claims in the past 5 years: \_\_\_\_\_  
 ■ Total amount paid/reserved for those claims/incidents: \_\_\_\_\_

-- Does the firm have a Conflict of Interest system? Yes No  
 ■ Is it computerized?  Yes  No

-- Does your firm use:           Engagement/Fee Retainer Agreements    Yes  No  
   Declination/Non-Engagement Letters            Yes  No  
   Scope of Services, Termination Letters        Yes  No

-- Total number of Suits for Fees (including fee proceedings via arbitration / mediation) in the past 2 years? \_\_\_\_\_

-- Does any lawyer have more than 10% ownership in another entity or serve as an officer of another entity? Yes No

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### List of Attorneys

\*O=Owner, OC=Of Counsel, P=Partner, A=Associate, E=Employed Lawyer  
 (Please attach additional pages if needed)

Attorney Name	Designation *	Date of Hire	Bar Admit Date	Hours per week
1				
2				
3				
4				
5				
6				
7				
8				
9				

**This questionnaire is for indication purposes only. Prior to binding, a long form application is required.**