



## Quick Quote Form

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

1. Law Firm Name: \_\_\_\_\_
2. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Your email address will never be sold. It will be used to send you important notices.
3. Practice Address: \_\_\_\_\_

4. Provide the percentage of income derived from the law firm's areas of practice. **Round to the nearest whole percent.**

Admiralty/Marine	_____ %	<b>Employment Law</b>	_____ %	Public Utilities	_____ %
Anti-Trust/Trade Regulation	_____ %	- employee/union	_____ %	<b>Real Estate*</b>	_____ %
Arbitration/Mediation	_____ %	- management	_____ %	- Abstract/Title	_____ %
Banking/Financial Institutions*	_____ %	Entertainment /Agent Practice*	_____ %	- Commercial <\$5 million	_____ %
Bankruptcy – Personal	_____ %	Environmental/Regulatory	_____ %	>\$5 million	_____ %
Civil Litigation	_____ %	<b>Estates/Wills/Trusts</b>	_____ %	- Residential <\$2 million	_____ %
Civil Rights/Discrimination	_____ %	- <\$1million	_____ %	>\$2 million	_____ %
<b>Corporate/Business</b>	_____ %	- \$1 million -\$5 million	_____ %	Schools/education - no finance	_____ %
- Admin/ organization	_____ %	- >\$5 million	_____ %	Securities*	_____ %
- Formation	_____ %	General Practice	_____ %	Social Security	_____ %
- Merger/Acquisition	_____ %	Government Contracts/Claims	_____ %	<b>Taxation</b>	_____ %
Creditor Rights - General	_____ %	Immigration	_____ %	- Individual preparation	_____ %
- Collection/Consumer Claims	_____ %	Intellectual Property*	_____ %	- Estate	_____ %
Construction/Building contracts	_____ %	International Law	_____ %	- Opinions	_____ %
<b>Defense</b>	_____ %	Investment Counsel/Money Mgt	_____ %		
- Bodily/Personal Injury	_____ %	Municipal - no finance or bonds	_____ %	Other:	_____ %
- Commercial/Corporate Genl	_____ %	- including finance/bonds	_____ %	- provide a description	
- Criminal Defense	_____ %	Oil & Gas/Mineral Rights	_____ %		
- Insurance Carrier*	_____ %	<b>Plaintiff*</b>	_____ %		
- Workers Compensation	_____ %	- Class Action	_____ %		
<b>Domestic</b>	_____ %	- Medical Malpractice	_____ %		
- Elder Law	_____ %	- Personal or Bodily Injury	_____ %		
- Family/Juvenile/Divorce	_____ %	- Workers Compensation	_____ %	<b>Total (must equal 100%)</b>	_____ %
Employee Benefit Plans/ERISA	_____ %	- Other	_____ %		

\* Please contact PSIC regarding Areas of Practice that are marked with an asterisk.\*

Current number of lawyers in the law firm: \_\_\_\_\_  
Average Lawyer tenure with the law firm: \_\_\_\_\_  
Number of docket control systems: \_\_\_\_\_  
Are docket systems computerized?  Yes  No  
Has any lawyer in the law firm ever been disciplined or denied the right to practice; or is there any such proceeding pending?  Yes  No  
Total incidents/claims in the past 5 years: \_\_\_\_\_  
Total amount paid/reserved: \$ \_\_\_\_\_

### Current Insurance Information

Carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Retroactive or Prior Acts Date: \_\_\_\_\_  
Limits of Liability: \_\_\_\_\_  
Limit Type: \_\_\_\_\_  
Deductible/Type: \_\_\_\_\_

Signature and Title of Law Firm Representative \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Agent \_\_\_\_\_

\_\_\_\_\_ Date

**This form is for indication purposes only. Coverage cannot be bound by completion of this form.**

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.