



Please attach a copy of the law firm's letterhead and a copy of the current policy declaration page.  
If this is a newly established firm, please also include work resumes for all attorneys.

Law Firm Name			
Telephone No.		Fax No.	
Email Address			
Practice Address with County			
<b>CURRENT INSURANCE INFORMATION</b>			
Carrier		Expiration Date	
Retro or Prior Acts Date		Premium	
Limits of Liability		Limit Type	
Deductible		Deductible Type	
<b>CURRENT LAW FIRM INFORMATION</b>			
Number of lawyers		Firm Established Date	
Number of staff members (not including lawyers)		Firm Revenue (for last year ended)	

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

%	Administrative Law	%	Corporate Mergers & Acq	%	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 & Discrim	%	ERISA / Employee Benefits	%	Real Estate – Title/Abstracting *
%	Class Action/Mass Torts *	%	Financial Institutions/Banking	%	Securities or Bonds *
%	Col/Repo–Commercial*	%	Government Cntrcts&Claim	%	Social Security
%	Col/Repo–Consumer *	%	Guardianship/Juvenile/Elder	%	Taxation
%	Commercial Litigaton	%	Immigration & Naturalization	%	Wills, Trusts, Estate < \$1M*
%	Civil Litigation	%	Insurance Defense	%	Wills, Trusts, Es \$1M-\$5M*
%	Construction/Bldg Contrts	%	Intellectual Property *	%	Wills, Trusts, Estate > \$5M*
%	Consumer Claims	%	International Law	%	Workers Comp - Defense
%	Corporate Administrative	%	Labor-Management	%	Workers Comp - Plaintiff
%	Corp & Bus Org	%	Labor-Union/Employee	%	Other

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

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 employ a Conflicts of Interest system? ☐ Yes ☐ No Computerized? ☐ Yes ☐ No

Number of Docket Control Systems: \_\_\_\_\_ Computerized? ☐ Yes ☐ No

Circle each communication letter used by firm: Engagement, Fee/Retainer, Decline/Non-Engagement, Scope of Services, Termination

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

Is the firm involved in any class action/mass tort cases on the plaintiff side? ☐ Yes ☐ No

Does any lawyer have ownership in another entity other than the law firm or serve as an officer of another entity? ☐ Yes ☐ No



**SCHEDULE OF LAWYERS**

	Name	Designation	Annual Hours Worked for Applicant Firm	Date of Hire (mm/dd/yy)	Date Admitted to Bar (mm/dd/yy)	CLE Hrs.*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel P – Partner IC – Independent Contractor  
S – Shareholder R – Retired Partner A – Associate

\*Provide number of CLE hours devoted to ethics, professionalism, or law firm risk management in the last 12 months.

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

\_\_\_\_\_  
Date