

**AttorneyShield**
PROFESSIONAL LIABILITY INSURANCE**Indication Form**

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

1. Law Firm Name: _____ Desired Effective Date: _____
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		Immigration	%
- Plaintiff	%	Intellectual Property*	
- Defense	%	- Trademark	%
Anti-Trust/Trade Regulation	%	- Copyright	%
Arbitration/Mediation	%	- Patent	%
Aviation	%	International/Foreign Law	%
Banking/Financial Institution*	%	Invest. Counseling/Money Mgmt.	%
Bankruptcy	%	Labor/Employment	
Civil Rights/Discrimination	%	- Employee	%
Collections/Repossession (no foreclosures)	%	- Management	%
Construction/Building Contracts	%	- Union	%
Communications/FCC	%	Municipal/Government:	%
Corporate		- General (no bonds)	%
- Mergers/Acquisitions	%	- Finance or Bonds	%
- General	%	- Zoning and Planning	%
Consumer Claims (no class action)	%	Oil/Gas/Mineral Rights	%
Criminal Defense	%	Plaintiff*	
Defense		- Bodily/Personal Injury	%
- Bodily/Personal Injury	%	- Class Action*	%
- Class Action*	%	- Medical Malpractice	%
- Insurance Company Defense*	%	- Workers' Compensation	%
- Insurance Defense*	%	- General/Civil Litigation Plaintiff	%
- General/Civil Litigation	%	Public Utilities	%
- Medical Malpractice Defense	%	Real Estate*	
- Workers' Compensation	%	- Abstract/Title	%
Divorce	%	- Commercial	%
Elder Law	%	- Escrow Agent	%
Employee Benefits/ERISA	%	- Foreclosures	%
Entertainment/Sports*	%	- Residential	%
Environmental		- Syndication/Development	%
- Non Regulatory	%	Securities*	%
- Regulatory	%	Social Security	%
Estate/Wills/Trust*		Tax	
- Less than \$1M	%	- Individual	%
- \$1M to \$5M	%	- Business	%
- Over \$5M	%	- Opinions*	%
Family/Juvenile – no divorce	%	Other	%
Healthcare	%		
		Total (must equal 100%)	%

* Please complete the applicable Area of Practice Supplement for those bolded and 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 controls computerized? ☐ Yes ☐ No

Conflict of interest system? ☐ Yes ☐ No

Is it 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: \$ _____

Are you currently insured? ☐ Yes ☐ No

If yes, please complete the following:

Insurer: _____

Coverage Dates: _____

Retroactive Date: ☐ Same as Effective Date ☐ Full
☐ Other Date _____

Limits of Liability: _____

Limit Type: ☐ CEIL ☐ CEOL

Deductible: _____

Deductible Type: ☐ Per Claim ☐ Aggregate ☐ Loss Only

Expiring Premium: _____

Authorized Agent

Date

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company)