



Please attach a copy of the law firm's letterhead and a copy of the current policy declarations 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			
CURRENT INSURANCE INFORMATION			
Carrier		Expiration Date	
Retroactive or Prior Acts Date		Premium	
Limits of Liability		Limit Type	
Deductible		Deductible Type	
CURRENT LAW FIRM INFORMATION			
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 –Marital Estate < \$1M	% Natural Resources (Oil & Gas)
% Antitrust/Trade Regulation	% Divorce –Marital Estate \$1M-\$5M	% Personal Injury – Defense
% Arbitration/Mediation	% Divorce –Marital Estate > \$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 Tort *	% Financial Institutions/Banking	% Securities or Bonds *
% Col/Repo–Commercial*	% Government Contracts & Claims	% Social Security
% Col/Repo–Consumer *	% Guardianship/Juvenile	% Taxation
% Commercial Litigation –Def	% Immigration & Naturalization	% Wills, Trusts, Estate < \$1M*
% Commercial Litigation –Pl	% Insurance Defense	% Wills, Trusts, Estate \$1M-\$5M*
% Construction/Bldg Contracts	% Intellectual Property *	% Wills, Trusts, Estate > \$5M*
% Consumer Claims	% International Law	% Workers Comp – Defense
% Corporate Administrative	% Labor–Management	% Workers Comp – Plaintiff
% Corporate & Business Organization	% 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

Check 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

FIRM NAME:
Check the bar program(s) your firm is a member of: <input type="checkbox"/> San Francisco Bar <input type="checkbox"/> San Diego Bar <input type="checkbox"/> Arizona Bar

AZ or CA BAR MEMBERS QUESTIONNAIRE

This questionnaire is INTENDED FOR LAW FIRMS WHO ARE MEMBERS OF THE Arizona Bar, San Francisco Bar or San Diego Bar. It applies to firms within the State of Arizona and counties surrounding San Diego, CA and San Francisco, CA.

In conjunction with your application for Lawyers Professional Liability Insurance please answer the following questions as they apply to your **firm**. All questions must be completed to the best of your knowledge.

1. Docket Control
 - ☐ Computerized only
 - ☐ Computerized **and** two (2) independent calendars
 - ☐ Two (2) independent calendars
 - ☐ No Back-up Calendar

2. Client Intake
 - ☐ 100% Engagement Letters
 - ☐ 90% Engagement Letters
 - ☐ <90% engagement Letters

3. Internal Management
 - ☐ Managing Attorney & Firm Administrator
 - ☐ Managing Attorney **or** Firm Administrator
 - ☐ Neither

4. Formal Risk Management
 - ☐ Written Procedures
 - ☐ No Written Procedures

5. Does your firm employ a Full Time Legal Administrator certified by the Association of Legal Administrators (CLM)?
☐ Yes ☐ No

6. How many of the firm's attorneys, as listed on the Schedule of Lawyers, are Certified Legal Specialist? ____

7. How many of the firm's attorneys, as listed on the Schedule of Lawyers, have attended at least three (3) credit hours of Bar sponsored Continuing Legal Education seminars on Ethics, Risk Management or Loss Avoidance in the last twelve (12) months? ____

APPLICANT	DATE
APPLICANT'S SIGNATURE:	TITLE:
AGENT/BROKER NAME:	