



PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS E&O QUICK INDICATION FORM

Law Firm Name: _____ **Law Firm Web Address:** _____
Address with County: _____
Additional Office Locations: _____ **Staffed?:** Y N **Contact Name:** _____ **Email:** _____

1. Current Coverage:

Name of Current Insurer:	Coverage Exp. Date:	Firm Establishment Date:
Exp. Limits (PC/Agg):	Exp. Deductible:	PC or Aggregate?
Expiring Premium: \$	# of Charged Lawyers at last renewal:	Retroactive Date:
Special Endorsements:	First Dollar Defense (FDD): <input type="checkbox"/> Y <input type="checkbox"/> N	Defense Costs Outside of Limits (CEOL/DEOL)? <input type="checkbox"/> Y <input type="checkbox"/> N

2. Firm Profile: Current Number of Lawyers: _____ Number of Staff Members: _____ Firm Gross Revenue: \$ _____

3. Firm's Areas of Practice: based on total hours worked or billings, whichever is simpler (estimate please for new firms)

Administrative Law	%	Employment/Labor Management	%	Personal Injury Plaintiff	%
Admiralty	%	Entertainment Law	%	Real Estate – Commercial	%
Antitrust/Trade Regulation	%	Environmental Law	%	Real Estate – HOA/POA	%
Appellate	%	ERISA/Employee Benefits Law	%	Real Estate – Foreclosure	%
Banking/Financial Institutions	%	Family – Adoption/Guardian	%	Real Estate – Land Use/Zoning	%
Bankruptcy	%	Family – Net Assets under \$1M	%	Real Estate – Residential	%
Business/Corp. Transactions/Contracts	%	Family – Net Assets \$1M to \$5M	%	Real Estate – Title/Abstracting	%
Business/Corp. Organization/M&A/Admin	%	Family – Net Assets over \$5M	%	School law	%
Business/Corp. Litigation-Defense	%	Governmental – Not Municipality	%	Securities/Bonds	%
Business/Corp. Litigation Plaintiff	%	Governmental–Local Municipal	%	Social Security Law	%
Civil Litigation – Defense	%	Healthcare	%	Tax Law	%
Civil Litigation – Plaintiff	%	Immigration	%	Wills/Trusts/Estates-Net Assets under \$2M	%
Civil Rights & Discrimination	%	Insurance Coverage	%	Wills/Trusts/Est.-Net Assets \$2M to \$6M	%
Class Action or Mass Tort	%	Insurance Defense	%	Wills/Trusts/Estates-Net Assets over \$6M	%
Collections – Commercial	%	Insurance Subrogation	%	Workers Compensation Defense	%
Collections – Consumer	%	Intellectual Property-Copyright/Trademark	%	Workers Compensation Plaintiff	%
Construction or Building Contracts	%	Intellectual Property-Patent	%	Other: Describe:	%
Consumer Claims	%	International Law	%		
Criminal Defense including DUI/Traffic	%	Mediation Law	%	Other: Describe:	%
Criminal Defense – White Collar	%	Native American/Tribal	%		
Elder Law	%	Oil & Gas/Minerals/Water	%		
Employment/Labor Union or Employee	%	Personal Injury Defense	%		

4.a. **Firm Profile:** Does the firm share office space with another law firm? Y N
If yes, name of firm / lawyer: _____

4.b. Shared letterhead? Y N

5.a. Does the firm employ a formal **Conflicts of Interest** system? Y N

5.b. **Formal Docketing System?** Y N

6. Communication Letters: **Engagement/Fee** _____% **Decline/Non-Eng.** _____% **Scope of Services** _____% **Termination** _____%

7. Has the firm advertised on **TV or Radio** in the past 2 years or plan to advertise in the upcoming year? Y N (If Yes please describe)

8. Estimated new cases/file accepted in past 12 months: _____ Highest **Underlying case/file** Value: \$ _____
Average **Underlying case/file** Value: \$ _____

9. Does any lawyer have **ownership in another entity** other than the law firm or serve as an officer of another entity? Y N

10. Is the firm involved in any **class action/mass tort cases** on the plaintiff side? Y N

11. Total number of **Suits for Fees** (including fee proceedings via arbitration/mediation) in the past 2 years? _____

12. Has any lawyer in the law firm been **disciplined** or denied the right to practice; or is there any such proceeding pending? Y N

13. Total number of **incidents/claims reported in the past 5 years:** _____ Total amount paid/reserved for those matters: \$ _____

14. Schedule of Lawyers (please attach additional sheet if needed). Attorney Types: FT-Full Time, PT-Part Time, OC-Of Counsel, IC-Ind. Contractor

	Attorney Name	Attorney Type (FT/PT/OC/IC)	Average Hours Worked	Date of Hire	Date Admitted to Bar	CLE Hours
1						
2						
3						

Signature and Title of Law Firm Representative _____ Date _____