



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:

Table with 4 columns: 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), Defense Costs Outside of Limits (CEOL/DEOL)

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)

Large table with 3 columns of practice areas and percentages, including categories like Administrative Law, Elder Law, Native American/Tribal, etc.

- 4.a. Firm Profile: Does the firm share office space with another law firm?
4.b. Shared letterhead?
5.a. Does the firm employ a formal Conflicts of Interest system?
5.b. Formal Docketing System?
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?
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?
10. Is the firm involved in any class action/mass tort cases on the plaintiff side?
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?
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

Table with 7 columns: Attorney Name (add sheet for additional lawyers please), Attorney Type (FT/PT/OC/IC), Average Hours Worked, Date of Hire, Date Admitted to Bar, CLE Hours

Signature and Title of Law Firm Representative _____ Date _____