

Lawyers Professional Liability Insurance Premium Estimate

This form is for estimate purposes only.

Firm Name				Contact Person			
Address							
City	State			Zip Code		County	
				<u> </u>			
Phone Number Fax Num		per		E-mail Address			
Attorney Survey	Relation to Firm Codes:	(OC) Of Counsel (P	P) Partner	(S) Solo (E	Employed Attorney ((IC) Independent Conti	ractor
Attawa ay Nama			Year Ad	mitted	Vanu lainad Firm	Relation to Firm	% Time Working
Attorney Name			to Bar		Year Joined Firm	(Use above codes)	for Firm (OC only)
(Attach separate shee	et if necessary for addition	al attorneys)					
Firm Survey				Practice Survey			
Number of attorneys in firm				Indicate the percentage of firm income derived from each			
Number of suppor	t staff				areas of practice listed h separate sheet if ned	d below.Total must = 1	00%.
Number of claims/ Filed: Pend	incidents filed against firn ling: Total Paid:	n during the past 5 Total Reserved		Victor	in separate sheet ii nee	ecosury)	%
Firm knowledge of any circumstance(s) or acts(s) which may give rise to a claim.			□No				%
Number of CLE ho during the past 12	urs averaged by each atto months.	rney					%
Number of docket				Areas of P	ractice: Administrative	Law, Admiralty Law, Antitro	
Are they compute		☐ Yes	□No	Discrimina	ition, Collection/Bankrupt	tcy, Construction Law, Con	sumer Law, Corporate &
Has any attorney with the firm ever been disciplined or denied the right to practice?			□No	Entertainn	nent/Sports, Environment	oloyment Law: Defense, En al Law, Estate/Probate/Tru rnment Contracts/Relatior	
							mark, Intellectual Property: n, Labor: Labor Representation
Current Coverage						efense, Commercial & Busi Equisitions, Natural Resourc	
Current carrier				Benefits, P	ersonal Injury & Negligen	ce: Defense, Personal Injury Fort, Real Estate: Residentia	& Negligence: Plaintiff,
Policy expiration d	ate			Securities l	aw (including bonds, priva	te placements & limited par	tnerships), Taxation: Opinior
Annual premium				Taxation: (Other, Workers Compensa	tion: Defense, Workers Con	npensation: Plaintiff, Other
Current Deductible							
Desired Deductible	е			То жол	aire Danid Data neam	ium astimanta mlanca	-ammlata
Retroactive or prior acts date			To receive Rapid Rate premium estimate, please complete and return this request to: Insurance Specialists, Inc. — Professional Liability Dept. 305 Carteret Street, Beaufort, SC 29902 (888) ISI-1959 Fax: (866) 871-2170 E-mail: SalesDirect@isi1959.com				
Current limits							
Desired limits							

Agent

Date of Completion