

# Short Form Non-Binding Indication



## Lawyers Professional Liability

Claims Made and Reported Basis

## RISKPRO

Insurance Agency, LLC

P.O Box 515512

Phone: (972) 235-3030

Dallas, Texas 75251

Fax: (972) 235-3556

*(Premium estimates provided are anticipated pricing and non-binding indications. Actual quotes are subject to completion and signing of a New Business application with supplements and underwriting approval. Estimates are subject to decrease or increase based upon the information found on the New Business application.)*

Firm Name: \_\_\_\_\_ Year Established \_\_\_\_\_

Designated Contact Name: \_\_\_\_\_ Firm County \_\_\_\_\_

Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Firm Telephone Number:( \_\_\_\_\_ ) \_\_\_\_\_ Firm Fax Number:( \_\_\_\_\_ ) \_\_\_\_\_

Number of years firm has carried continuous claims-made LPL coverage: \_\_\_\_\_

Current Ins. Carrier: \_\_\_\_\_ Policy Dates: \_\_\_\_\_ Begin / \_\_\_\_\_ End

Limits: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Deductible:\$ \_\_\_\_\_ Premium:\$ \_\_\_\_\_ # of Attys \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired Limit(s): \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Desired Deductible(s):\$ \_\_\_\_\_

Past Annual Fees: \$ \_\_\_\_\_ Projected Annual Fees: \$ \_\_\_\_\_

**Please complete the following information for all attorneys in your firm. ( Attach additional sheets if necessary):**

Attorney Name	# Yrs. continuous LPL	CLE hrs. past yr.	Mo./Yr. Admitted to Bar	Exact Date Hired to Firm
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

Are all attorneys engaged in full time practice? Yes No If not, please explain \_\_\_\_\_

Check all Docket Controls used: Computer  # Calendars \_\_\_\_\_  Tickler  Pocket Diary  Other \_\_\_\_\_

Are Docket Controls cross-checked by at least two individuals? Yes  No

# of Suits filed to collect fees during the past 2 years: \_\_\_\_\_ Number of Support Staff: \_\_\_\_\_

Number of claims or incidents in the last 5 years: \_\_\_\_\_ Indemnity paid (if any) \$ \_\_\_\_\_

Defense costs incurred (if any): \$ \_\_\_\_\_ Number of Grievances/Reprimands in the last 5 years: \_\_\_\_\_

**If any claims/incidents/grievances, please complete attached claim supplement.**

**Indicate the percentage of firm's income derived from these areas of practice. (Total must equal 100%):**

Abstracting/Title _____	Domestic & Family Relations _____	Oil and Gas _____
Ad Valorem Tax _____	Entertainment _____	Personal Injury - Plaintiff _____
Admiralty - Law _____	Environmental _____	Personal Injury - Defendant _____
Admiralty - Plaintiff _____	Estate Planning _____	Public Utilities _____
Admiralty - Defendant _____	Estate/Probate/Trust _____	Real Estate - Residential _____
Antitrust/Trade Regulation _____	ERISA _____	Real Estate - Commercial _____
Banking _____	Financial Planning/ _____	Securities Law: _____
Bankruptcy _____	Investment Counseling _____	Federal SEC _____
Bonds _____	Foreclosure/Repossession _____	Federal Exemptions _____
Civil Rights _____	Health _____	State SEC _____
Collection _____	Housing Court _____	Private Placements _____
Commercial Litigation - Plaintiff _____	Immigration _____	Social Security Administration _____
Commercial Lit. - Defendant _____	Insurance Co. - Defendant _____	Syndication _____
Communication (FCC) _____	International _____	Taxation - Individual _____
Copyright/Patent/Trademark _____	Juvenile Proceedings _____	Taxation - Corporate _____
Corporate Administrative Law _____	Labor - Management _____	Water Law _____
Corporate Formation _____	Labor - Union/ Employee _____	Wills and Trusts _____
Corporate General _____	Limited Partnerships _____	Workers Comp. - Plaintiff _____
Corporate Mergers/Acquisitions _____	Mediation/Arbitration _____	Workers Comp. - Defendant _____
Criminal _____	Municipal (not bond) _____	Other: _____

Based on the percentages of areas of practice above, what percentage is defense work? \_\_\_\_\_ %

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_