

Short Form Non-Binding Indication



Lawyers Errors and Omissions

RISKPRO

Insurance Agency, LLC

P.O. Box 515512

Phone: (972) 235-3030

Dallas, Texas 75251

Fax: (972) 235-3556

Claims Made and Reported Basis

(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: _____
 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 _____

E-mail address: _____