

Contact: \_\_\_\_\_

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| E: \_\_\_\_\_

## Lawyers' Professional Liability Premium Indication Form (Tips & FAQs: [click here](#))

1. Name of Firm: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Please **list all attorneys** working for the firm (include yourself if you are a sole practitioner), use a separate sheet if necessary.

ATTORNEY NAME	Years in Private Practice	States Admitted	D/C*	# Of Hours Worked/Week For The Firm	Date of Hire	CLE Hours

\*Designation Codes: **O** - Officer, Director, Shareholder; **P** - Partner; **E** - Employed attorney by firm; **S** - Sole Practitioner; **C** - Of Counsel attorney; **IC** - Independent Contract or per diem attorney; **PT** - Part Time (<26 hrs/wk solely for the firm).

3. Please provide the % of time devoted (# of hours actually worked) in each area of practice during the last fiscal year. ([List of definitions: click here](#))

Admiralty/Maritime	%	Elder Law	%	Medical Malpractice-Plaintiff	%
Antitrust/Trade Regulation	%	Employment	%	OIL/GAS	%
Aviation	%	ENTERTAINMENT	%	PATENT	%
Bankruptcy	%	ENVIRONMENTAL	%	Personal Injury - Defendant	%
Business Transactions/Com'l Law	%	Estates/Wills/Trust/Probate	%	Personal Injury - Plaintiff	%
Civil Rights	%	Family Law	%	Public Utilities	%
Collections	%	Financial Institutions-Reg. Compliance	%	Real Estate - Commercial	%
Com'l Practice - Bus. Litigation	%	Gov't (Fed./State/Local/Lobbying)	%	Real Estate - Residential	%
Communications/Media	%	Healthcare	%	SECURITIES (no Corp. Form.)	%
Construction Law	%	Immigration	%	Secured Transactions (UCC)	%
Consumer Claims	%	Insurance Defense Litigation	%	Taxation	%
COPYRIGHT/TRADEMARK	%	Insurance Other (Coverage, Reg., Subro.)	%	TAX SHELTERS	%
Corporate-Bus. Formation/Alteration	%	International Law	%	Workers' Comp. - Defendant	%
Corporate-Bus. Transactions/Advice	%	Investment Counseling/Money Mgmt.	%	Workers' Comp. - Plaintiff	%
Criminal Law	%	Labor-Union Related	%	<b>TOTAL (Must equal 100%)</b>	<b>%</b>
Disability/Social Security	%	Medical Malpractice - Defendant	%		%

4. Does the firm perform class action/mass tort work?  No  Yes If yes, defense only?  No  Yes

5. Fee suits in past 5 years: \_\_\_\_\_ # of Support Staff: \_\_\_\_\_ If solo, is there a back up attorney?  No  Yes

6. Are there at least 2 docket and calendar control systems?:  No  Yes Computerized?  No  Yes

7. Are the docket systems cross checked at least weekly?  No  Yes

8. Is there a Conflict of Interest Avoidance System?  No  Yes Computerized?

9. Does the firm use engagement, declination, disengagement/closing letters or retainer agreements on a regular basis?  No  Yes

10. Current Insurance Co.?: \_\_\_\_\_ Current Policy Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Current Limits of Liability? \_\_\_\_\_ Current Deductible? \_\_\_\_\_ Current Policy Premium? \_\_\_\_\_

Provide the number of years the firm has had continuous professional liability coverage: \_\_\_\_\_

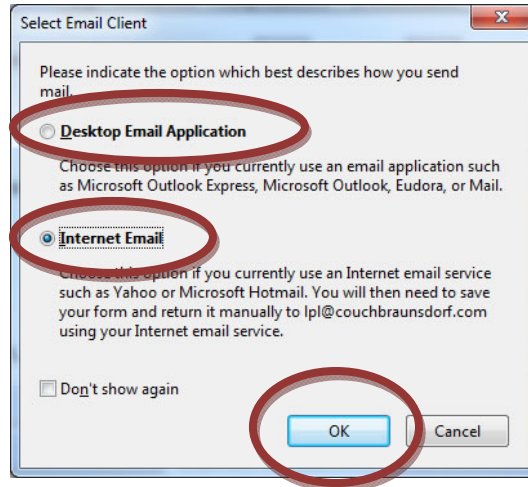
11. In the last five years, has any insurer declined, canceled, non-renewed your professional liability coverage?  No  Yes

12. Has any attorney in the firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or have any disciplinary complaints or ongoing disciplinary investigations?  No  Yes

13. During the past 5 years, has any claim or suit arising out of the rendition of legal services been made against any attorney in Question 2 above or employee of the Applicant, or is any Attorney in Question 2 above or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the applicant or any predecessor or any of the former or current Attorneys or employees of the Applicant? If yes, please explain on a separate sheet.  No  Yes

## How to submit this form

When you click on the **Submit** button, a window will pop up asking you how you wish to email this application.



Select Email Client

Please indicate the option which best describes how you send mail.

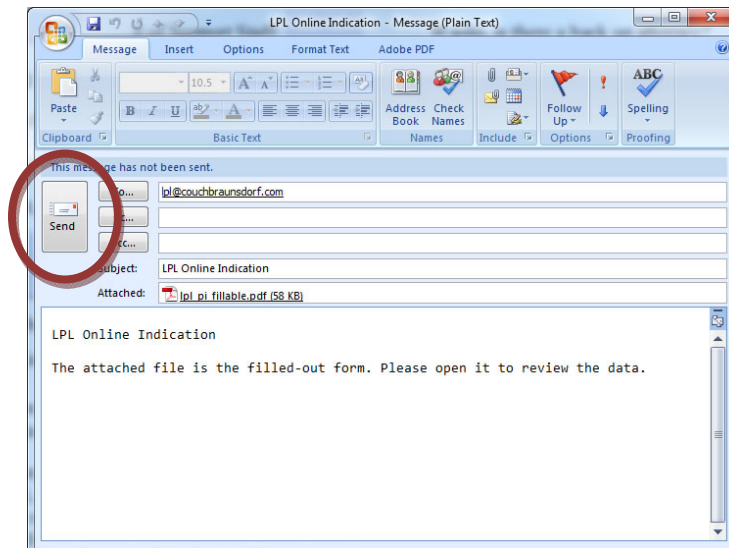
Desktop Email Application  
Choose this option if you currently use an email application such as Microsoft Outlook Express, Microsoft Outlook, Eudora, or Mail.

Internet Email  
Choose this option if you currently use an Internet email service such as Yahoo or Microsoft Hotmail. You will then need to save your form and return it manually to [lp1@couchbraunsdorf.com](mailto:lp1@couchbraunsdorf.com) using your Internet email service.

Don't show again

OK Cancel

1. **Desktop Email Application** - Select this option if you have an email program on your computer (e.g. Outlook) and click 'OK'. You will see an email automatically filled out to send with the attachment, simply click on 'Send'.



LPL Online Indication - Message (Plain Text)

Message Insert Options Format Text Adobe PDF

Paste Clipboard Basic Text Address Book Names Include Options Proofing

This message has not been sent.

To: [lp1@couchbraunsdorf.com](mailto:lp1@couchbraunsdorf.com)

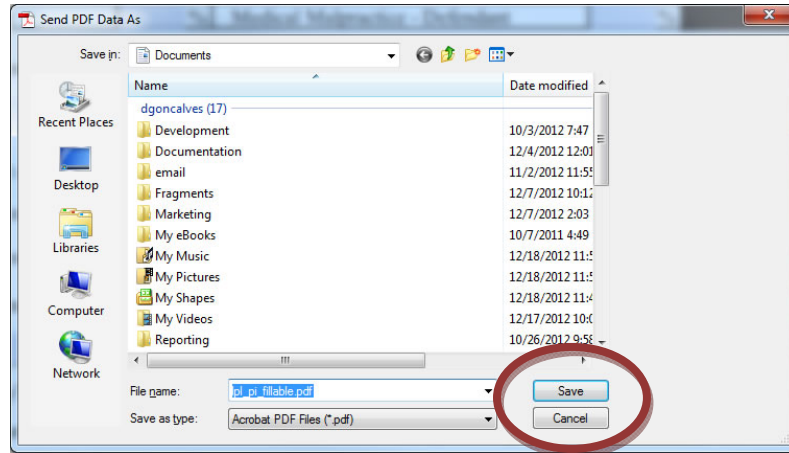
Subject: LPL Online Indication

Attached: [lp1\\_pi\\_fillable.pdf \(58 KB\)](#)

LPL Online Indication

The attached file is the filled-out form. Please open it to review the data.

2. **Internet Email** - If you are sending this through some form of web mail (e.g. Gmail, Yahoo, Hotmail) please select the 'Internet Email' option and click 'OK'. You will be prompted to save the PDF file to your computer where you can easily locate it (e.g. desktop);



- I. open up your web based email;
- II. create an email to **ZurichLPL@CouchBraunsdorf.com** with the subject **LPL Premium Indication**;
- III. attach the saved document to the email and send.

The application is now submitted and someone from our team will contact you shortly.