

Please Fax to John Torvi @ 1 800 344-5422

Firm Information

Areas of Practice Percentages (Percentages must total 100%)

1. Name _____
- Address _____
- City _____ St _____ Zip Code _____
- Tel # () _____ Fax # () _____
- E-Mail _____
2. Date the firm was Established ____/____/____
3. Estimated annual gross income: \$ _____
4. Number of Attorneys "Of Counsel": _____
5. Number of Support Staff _____
6. How many attorneys participated in CLE during the past 12 months: _____
7. How many hours worked on behalf of your firm: _____

Administration	____%
Admiralty/Maritime	____%
Antitrust/Trade Regulation	____%
Arbitration/Mediation	____%
Banking/Financial Institutions	____%
Bankruptcy	____%
BI/PI Defense	____%
BI/PI Plaintiff	____%
Civil Rights/Discrimination	____%
Collection/Repossession	____%
Communication/FCC	____%
Copyright/Trademark	____%
Corporate-Formation	____%
Corporate-General	____%
Criminal	____%
Domestic Relations/Family	____%
Employee Benefits	____%
Entertainment/Sports	____%
Environmental	____%
Estates/Probate/Wills/Trusts	____%
Foreign/International	____%
Healthcare	____%
Insurance	____%
Investments/Money Mgmt	____%
Labor Law/Management	____%
Labor Law/Union	____%
Mergers & Acquisitions	____%
Municipal	____%
Oil/Gas/Minerals	____%
Patent	____%
Public Utilities	____%
Real Estate/Commercial	____%
Real Estate/Residential	____%
School Law	____%
Securities	____%
Social Security/Elder Law	____%
Tax/Corporate	____%
Tax/Individual	____%
Water Rights	____%
Work Comp/Defense	____%
Work Comp/Plaintiff	____%
Other (describe below):	____%
Total	100%

Number of Attorneys (exclude of counsel)

Years of experience	# of Attorneys
5 + Years	
4+ Years	
3+ Years	
2+ Years	
1+ Year	
Less than 6 months	
Total	

Internal Controls:

- A. Do you maintain a Docket Control system with at least two independent date controls? Yes No
- B. Is a Conflict of Interest System maintained? Yes No
- C. Are engagement letters used on a regular basis? Yes No
- D. Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administrative agency or regulatory body? Yes No
- If "YES", please attach details.

Claim History Are you aware of any claims against your firm or any incidents that could result in a claim against your firm within the past five years? Yes No

If "YES", how many? _____

Please attach details of each claim or incident, including a description of the allegations, current reserve and/or indemnity.

Current Insurance

Insurance Company _____

Policy Effective/Expiration Date ____/____/____

Retroactive/Prior Acts Date ____/____/____

Policy Limits \$ _____

Deductible \$ _____

Date of first continuous claims-made insurance policy ____/____/____

This is not an Insurance Binder. The information provided on this form will be used to provide a premium indication. Final premium will be subject to the completion of an application.

Other Areas of Practice: _____