

Please Fax to John Torvi @ 1 800 344-5422

**Firm Information**

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

**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	
<b>Total</b>	

**Areas of Practice Percentages (Must total 100%)**

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	____%
Real Estate/Title	____%
School Law	____%
Securities	____%
Social Security/Elder Law	____%
Tax/Corporate	____%
Tax/Individual	____%
Water Rights	____%
Work Comp/Defense	____%
Work Comp/Plaintiff	____%
Other (describe below):	____%
<b>Total</b>	<b>100%</b>

Other Areas of Practice:

**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 (Must Be Completed)**

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.