



Professional Liability Insurance Indication Questionnaire for Members of the Workers' Injury Law & Advocacy Group

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?

If "YES", how many? _____ Yes No

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 ____/____/____

Professional Associations Affiliated With: _____

Other Areas of Practice: _____

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