



2857 Riviera Drive
Fairlawn, OH 44333
Toll Free 800-686-8080

After completing this form please fax it to 330.864-8661. Fields with a * must be completed.

Company Information

* Law Firm _____
* Physical Address Line 1 _____
Physical Address Line 2 _____
* City _____
* State _____ * Zip _____
* County _____
* Date Firm Established ___/___/_____ (mm/dd/yyyy)

Contact Information

* Honorific (Mr. Mrs. Ms. Dr.) ____
* First Name _____ Middle Initial ____

* Last Name _____
Extension (Sr. Jr. Esq.) ____
Contact Title: _____
Telephone Number: _____ extension: ____
Fax Number: _____ extension: ____
* Email: _____
* How would you like to be contacted? Telephone Email Fax
If by telephone, best hours to reach you?
 8-10AM Eastern Time
 10-Noon Eastern Time
 Noon-2PM Eastern Time
 2PM-5PM Eastern Time
 5-8PM Eastern Time

How did you hear about us?

Please tell us about your current coverage

* Do you have Professional Liability coverage through your current firm? Yes No
(If "Yes" above) Number of years of continuous coverage for your current firm? _____

- * Current Carrier _____
- * Current Policy Expiration Date ___/___/_____ (mm/dd/yyyy)
- * Retroactive/Prior Acts Date (if any) ___/___/_____ (mm/dd/yyyy)
- * Limits _____
- * Deductible _____
- * Premium (annual) _____

Attorneys Working for the Firm

* Please provide the number of full time attorneys within your firm, and their years of experience:

- 5+ _____
- 4 _____
- 3 _____
- 2 _____
- 1 _____

- * Number of practicing attorneys _____
- * Number of attorneys working less than 1000 hours/year _____

Please tell us about your Areas of Practice

Percentage of Gross Billable Hours (Not Income) Derived from the Following Areas of Practice

If you are a new firm, please estimate the areas of practice that you anticipate your gross billings will be derived from in the upcoming year.

- ___ Administrative
- ___ Admiralty / Maritime
- ___ Banking / Financial Institutions - Loan Documentation, Bonds, Commercial Papers
- ___ Banking / Financial Institutions - Non Loan Documentation
- ___ Bankruptcy
- ___ Civil Rights - Plaintiff
- ___ Civil Rights - Defense

- Collections
- Commercial & Corporate General Litigation - Defense
- Commercial & Corporate General Litigation - Plaintiff
- Corporate Formation/Alteration
- Criminal
- Entertainment, Sports, Celebrity
- Environmental
- ERISA/Employee Benefits
- Family Law - Divorce
- Family Law - Excluding Divorce
- Immigration
- Investment Advise/Money Management
- Labor Management Representation
- Labor Union Representation/Employee Relations
- Mediation/Arbitration
- Medical Malpractice
- Mergers/Acquisitions
- Mold
- Natural Resources - Oil, Gas, Mining
- Patent, Copyright, Trademark
- Personal or Bodily Injury - Defense
- Personal or Bodily Injury - Plaintiff
- Real Estate - Commercial
- Real Estate - Commercial Development

- Real Estate - Residential
- Real Estate - Title
- Securities
- Taxation - Commercial
- Taxation - Individual
- Wills/Estate/Probate/Trust
- Workers Compensation - Defense
- Workers Compensation - Plaintiff

Claims History

* In the past five (5) years, has any Professional Liability claim or suit been against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)?

Yes___ No___

* Total Number of Claims: ___

* After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firms? Yes___ No___

* In the past five (5) years, has the firm sued a client for fees? Yes___ No___

* If yes, how many times? ___

* Do you maintain a Docket Control System with at least two independent data controls?

Yes___ No___

* In the past five (5) years, has any current or former member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association, administrative agency or regulatory body? Yes___ No___

If yes, please explain

Administrative Controls

* Do you maintain a Docket Control System with at least two independent date controls?

Yes__ No__

* Is it computerized?

Yes__ No__

* Do you maintain a Conflict of Interest Avoidance System?

Yes__ No__

* Is it computerized?

Yes__ No__

* Do you utilize engagement letters for new clients?

Yes__ No__

Business Office Data

* Have any members of firm ever had ownership interest or served as director or officer of any clients' business? Yes__ No__

If Solo Practitioner, list name, address, phone of backup attorney:

Is the building owned or leased? _____

If owned, current building limit _____

* Personal Property limit _____

* Alarmed? Yes__ No__

* Sprinklered? Yes__ No__

* Square Footage _____

* Construction type: MNC__ Framed__ JM__

* Year Built _____

* Any Property or General Liability Losses? Yes__ No__

* Is Non-Owned/Hired Auto Coverage desired? Yes__ No__

Limits & Deductibles

* What is the anticipated effective date of coverage you need: Yes__ No__

Please tell us about the level of coverage you would like to obtain:

Check the limit and deductible options below that you are interested in; you may check more than one.

Limit of liability (per claim / annual aggregate)

\$500K/\$500K__ \$500K/\$1M__ \$1M/\$1M__ \$2M/2M__

Deductible (each claim)

\$2,500__ \$5,000__ \$10,000

Employment Practices Liability Insurance

Yes__ No__

Umbrella

None__ \$1M__ \$5M__ \$10M__

Additional Coverage Interests

Firm Management Liability Insurance: Yes__ No__

Directors & Officers Liability Insurance: Yes__ No__

Workers Compensation Claims Management / TPA / Group Rating: Yes__ No__

Personal Lines: Yes__ No__

Financial Services: Yes__ No__