

Indication Request Form:

Requested Effective Date: _____

Firm Name: _____
Firm Address: _____ **City:** _____ **State:** _____ **County:** _____
Phone: (____) ____ - ____ **Fax:** (____) ____ - ____ **E-Mail:** _____
Firm Retro Date: _____ **Primary Contact:** _____ **Title:** _____

Areas of Practice: Please provide percentages of time devoted during the previous year in each area of practice (MUST TOTAL 100%).

- | | | |
|---|---|---|
| <input type="checkbox"/> Admiralty & Marine - Defense
<input type="checkbox"/> Admiralty & Marine - Plaintiff
<input type="checkbox"/> Agent Practice/Entertainment Law
<input type="checkbox"/> Business Formation
<input type="checkbox"/> Business Transactions where the value of the transaction is less than \$500,000
<input type="checkbox"/> Business Transactions where the value of the transaction is greater than \$500,000
<input type="checkbox"/> Civil Lit. - General
<input type="checkbox"/> Com. & Corp. General Lit. - Defense
<input type="checkbox"/> Com. & Corp. General Lit. - Plaintiff
<input type="checkbox"/> Corporate Finance
<input type="checkbox"/> Creditor Rights / Collections
<input type="checkbox"/> Creditor Rights / General (bankruptcy)
<input type="checkbox"/> Criminal Defense
<input type="checkbox"/> Defense Lit. - Insurance Carrier Rep.
<input type="checkbox"/> Elder Law
<input type="checkbox"/> Employee Benefit Plans, ERISA
<input type="checkbox"/> Employment Law - Employee Rep.
<input type="checkbox"/> Employment Law - Management Rep.
<input type="checkbox"/> Employment Law - Union Rep.
<input type="checkbox"/> Environmental Regulatory | <input type="checkbox"/> Estate & Probate - General
<input type="checkbox"/> Estate Planning and Trust Admin. where The value of the estate is less than \$1,000,000
<input type="checkbox"/> Estate Planning and Trust Admin. where the value of the estate is greater than \$1,000,000
<input type="checkbox"/> Family Law where the value of the marital estate is less than \$1,000,000
<input type="checkbox"/> Family Law where the value of the marital estate is greater than \$1,000,000
<input type="checkbox"/> Immigration
<input type="checkbox"/> Intellectual Property - Copyright, Trademark*
<input type="checkbox"/> Intellectual Property - Patent*
<input type="checkbox"/> Juvenile rights, guardian <i>ad litem</i>
<input type="checkbox"/> Mediation, Arbitration
<input type="checkbox"/> Mergers & Acquisitions
<input type="checkbox"/> Municipal - General (not finance)
<input type="checkbox"/> Municipal - Finance or Bonds*
<input type="checkbox"/> Oil & Gas, Mineral Rights
<input type="checkbox"/> Other: (if more than 5%, explain)
<input type="checkbox"/> Plaintiff Lit - Class Actions*
<input type="checkbox"/> Plaintiff Lit - Mass Tort* | <input type="checkbox"/> Plaintiff Lit - Social Security, Workers Comp.
<input type="checkbox"/> Plaintiff Personal Injury where the value of the case is less than \$250,000*
<input type="checkbox"/> Plaintiff Personal Injury where the value of the case is greater than \$250,000*
<input type="checkbox"/> Public Utilities (not finance)
<input type="checkbox"/> Real Estate - Finance
<input type="checkbox"/> Real Estate Residential & Basic Commercial where the value of the transaction is less than \$1,000,000*
<input type="checkbox"/> Real Estate Residential & Basic Commercial where the value of the transaction is greater than \$1,000,000*
<input type="checkbox"/> Schools & Education (not finance)
<input type="checkbox"/> Securities - Private Placement*
<input type="checkbox"/> Securities - Public Registration*
<input type="checkbox"/> Tax Preparation - Individual
<input type="checkbox"/> Taxation (ex. estate tax and individual tax prep.)
<input type="checkbox"/> Water Rights |
|---|---|---|

*Completion of a supplement may be required for quoting

Attorney Name	Individual Retro / Date of Hire	Hours Worked per Week	Employment Status

Number of non-attorney staff: _____

Are you currently insured? Yes No Carrier _____ Premium _____

Check the limit and deductible options below that you are interested in seeing a quote for:

Requested Limits of Liability (per claim/annual aggregate):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,500,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$250,000/\$750,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> Other _____ |

Deductible:

- \$0 \$1,000 \$2,500 \$5,000 Other _____

Has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm? If yes, how many? _____ Name(s) of claimants: _____ Yes * No

*A complete Claim Supplement form must be provided for each claim or suit.

Loss Prevention / Risk Management:

- | | | |
|--|------------------------------|-----------------------------|
| Has any firm member served as director, officer, consultant, etc. for any firm client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does any firm member have ownership in any firm client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the firm use Engagement, Disengagement, and Non Engagement letters with more than 80% of their clients / prospective clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the firm have fewer than five suits for collection of fees in the past two years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please Attach a Copy of Firm Letterhead and a Copy of Policy Declarations Page (if available)

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application