



Premium Indication Form

Firm Name: _____
 Street Address (P.O. Box not acceptable): _____
 City: _____ State _____ Zip Code: _____ County: _____
 Email: _____ Phone: _____

Coverage Request

Expiration or Requested Effective Date (if applicable): _____ Retroactive Date: Date: _____ Unlimited
 Limits: _____ Deductible: _____
 Firm Deductible Preferences: Deductible Inside Limits Deductible Outside Limits Aggregate Deductible

Attorney Schedule – Include all attorneys in the firm

Attorney Name	Date Admitted to Bar	D C*	# Of Hours Worked Per Week For Firm	Retro Date

Please attached attorney roster if more than 5 insureds. *O- Owners, Officers, Directors, Shareholders P- Partners
 S- Sole Practitioner C- Of Counsel IC- Independent Contractor E- Employed Attorney PT- Part Time

Areas of Practice

Area of Practice	%	Area of Practice	%
Admiralty/Maritime	%	Government (Federal/State/Local/Lobbying)	%
Antitrust/Trade Regulation	%	Healthcare	%
Aviation	%	Immigration	%
Bankruptcy	%	Insurance Defense Litigation	%
Business Transactions/Commercial Law	%	Insurance Other (Coverage, Regulatory, Subrogation)	%
Civil Rights	%	International Law	%
COLLECTIONS	%	Investment Counseling/ Money Management	%
Commercial Practice – Business Litigation	%	Labor – Union Related Work	%
Communications/Media	%	Medical Malpractice – Defendant	%
Construction Law	%	Medical Malpractice – Plaintiff	%
Consumer Claims	%	OIL/GAS	%
COPYRIGHT/TRADEMARK	%	PATENT	%
Corporate – Business Formation/Alteration	%	Personal Injury – Defendant	%
Corporate – Business Transactions/Advice	%	Personal Injury – Plaintiff	%
Criminal Law	%	Public Utilities	%
Disability/Social Security	%	REAL ESTATE – COMMERCIAL	%
Elder Law	%	REAL ESTATE – RESIDENTIAL	%
Employment	%	Secured Transaction (UCC – Commercial Paper)	%
ENTERTAINMENT	%	SECURITIES LAW (Except Corporate Formation)	%
ENVIRONMENTAL	%	TAXATION	%
Estates/Wills/Trust/Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%
		TOTAL (must equal 100%)	%

-- Has any Attorney had his/her Lawyers Professional Liability Insurance declined, canceled, non-renewed or reduced by any professional liability insurer during the past 5 years? Yes No If yes, please provide additional details.

-- During the past 10 years has any member of the firm (any Attorney) been the subject of a:

- a) Criminal action Yes No
- b) Reprimand, disciplinary action, Bar complaint, investigation, or other ethics proceeding? Yes No

-- In the past 5 years has any claim arising out of the rendition of legal services been made against any Attorney or employee of the Applicant? Yes No

-- Is any Attorney or employee of the Applicant aware of any circumstance, incident, act, error or omission that could result in a claim or suit against the applicant or any predecessor or any of the form or current Attorneys or employees of the Applicant? Yes No

PLEASE COMPLETE AND RETURN TO:

quotation@LPLIA.com | fax: 1(800)343-1788



**Lawyers Professional
 Liability Insurance
 Advisors**