

LAWYERS PROFESSIONAL LIABILITY PRELIMINARY PREMIUM INDICATION WORKSHEET

Firm Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

Firm Information

Establish Date: _____ # of Attorneys: _____
 # of "Of Counsel": _____ # of Support Staff: _____
 # of hours per week for each OC: _____
 # of years with Applicant # of attorneys(excl. OCs)
 5+ years _____
 4 years _____
 3 years _____
 2 years _____
 1 year _____
 less than 6 months _____
 Is this a full-time, private practice of law? Y ___ N ___
 Estimated annual gross income? _____

Internal Controls

Do you maintain a Docket Control System with at least two independent date controls? Y ___ N ___
 Is a Conflict of Interest System maintained? Y ___ N ___
 Are engagement and non-engagement letters used on a regular basis? Y ___ N ___

Current Insurance

Carrier: _____
 Limits & Deductible: _____
 Premium: _____ Retroactive/Prior Acts Date: _____
 Policy Term: _____
 Date of first continuous claims-made coverage: _____

Claim History

Are you aware of any claims against you or your firm or any incidents that could result in a claim against you or your firm within the past five years? Y ___ N ___ If "YES", how many? _____ Please provide specific details of each, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.
 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? Y ___ N ___ If "YES", please provide details.

Area of Practice Percentages (percentages must total 100%)

Administration _____%	Domestic Relations/Family _____%	Public Utilities _____%
Admiralty/Maritime _____%	Employee Benefits _____%	Real Estate/Commercial _____%
Antitrust/Trade Regulation _____%	Entertainment/Sports _____%	Real Estate/Residential _____%
Arbitration/Mediation _____%	Environmental _____%	School Law _____%
Banking/Financial Institutions _____%	Estates/Probate/Wills/Trusts _____%	Securities _____%
Bankruptcy _____%	Foreign/International _____%	Social Security/Elder Law _____%
BI/PI Defense _____%	Healthcare _____%	Tax/Corporate _____%
BI/PI Plaintiff * _____%	Insurance _____%	Tax/Individual _____%
Civil Rights/Discrimination _____%	Investments/Money Mgmt _____%	Water Rights _____%
Collection/Repossession _____%	Labor Law/Management _____%	Work Comp/Defense _____%
Communication/FCC _____%	Labor Law/Union _____%	Work Comp/Plaintiff _____%
Copyright/Trademark _____%	Mergers & Acquisitions _____%	Other (describe): _____%
Corporate-Formation _____%	Municipal _____%	_____%
Corporate-General _____%	Oil/Gas/Minerals _____%	_____%
Criminal _____%	Patent _____%	TOTAL: 100%

* Is any of this work Class Action/Mass Tort? Y ___ N ___ If "YES", please provide details.

PLEASE NOTE: This Worksheet is intended for the purpose of obtaining a Preliminary Premium Indication. In order for us to consider extending a firm Premium Quotation, a fully completed Travelers application and applicable supplements must be completed. Travelers is under no obligation to provide you with a Preliminary Premium Indication, to extend a Premium Quotation, or to issue a policy. Travelers reserves the right to change any Premium Indication or Premium Quotation based on a review of the required applications and underwriting information or based on changes in your firm.



PROFESSIONAL
LIABILITY INSURANCE
FOR ATTORNEYS AND
ACCOUNTANTS

ESTATE BONDS

M. BURR KEIM AGENCY
 2021 ARCH STREET
 PHILADELPHIA, PA 19103
 PHONE: (215) 563-8113
 ROBERT WORTHINGTON: EXT. 225
 JACQUELINE WORTHINGTON: EXT 232
 FAX: (215) 977-9386

NOTARY PUBLIC BONDS

NOTARY PUBLIC
ERRORS & OMISSIONS
INSURANCE