

1. Firm Name: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Principal Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Attorney List - All attorneys must be listed to be considered as insureds. (Use separate sheet, if necessary.)

Attorney Name	Year Private Practice Began	States Admitted	D/C*	# of Hours Worked Per Week for Firm (IC, OC or PT ONLY)	Date Joined Firm	CLE Hours

D/C\* O - Owner, Officer, Director, Shareholder P - Firm Partner PT - Part Time Attorney IC - Contract or Per Diem Attorney  
 A - Associate Attorney OC - Of Counsel Attorney RP - Retired Partner of Applicant

If you are a solo practitioner, do you have a back up attorney?  No  Yes  N/A

3. Indicate the percentage of time devoted to each specialty during the previous year. Express percentages in whole numbers next to the TYPE OF LAW practiced, not the business of the client you represent.

Admiralty/Marine _____ %	Entertainment _____ %	Real Estate - Title Work _____ %
Anti-Trust Trade Regulation _____ %	Environmental _____ %	Real Estate - Condo Offering _____ %
Arbitration/Mediation _____ %	ERISA _____ %	Securities - Federal* _____ %
Banking* _____ %	Est. Plan/Probate/Trusts/Wills _____ %	Securities - State* _____ %
Bankruptcy _____ %	Immigration _____ %	Securities - Private Placements* _____ %
Bodily Injury/Defense _____ %	International Law _____ %	Securities - Bonds* _____ %
Bodily Injury/Plaintiff _____ %	Investment Counseling _____ %	Social Security / Disability _____ %
Collection Repossession _____ %	Labor Relations _____ %	Tax Preparations _____ %
Copyright/Patent/TM* _____ %	Public Utilites _____ %	Tax Opinions _____ %
Corporate _____ %	Real Estate - Residential _____ %	Workers Comp/Defense _____ %
Criminal _____ %	Real Estate - Commercial _____ %	Workers Comp/Plaintiff _____ %
Domestic Relations _____ %	Real Estate - Synd. Devel. _____ %	OTHER (describe if over 5%) _____ %

TOTAL (must equal 100%) \_\_\_\_\_ %

If % in BI/PI Plaintiff Med Mal, please provide average case value: \_\_\_\_\_ max value: \_\_\_\_\_

Does the firm perform class action services?  No  Yes If yes, defense only?  No  Yes

If % in OTHER is over 5%, please provide a short description: \_\_\_\_\_

4. Please answer the following questions regarding the firm's Business Procedures.

Total number of suits for the collection of legal fees in past 3 years: \_\_\_\_\_

Total number of support staff: \_\_\_\_\_

Does the firm maintain a planned docket and calendar control system and procedures?  No  Yes

If yes, is it electronic?  No  Yes

Are two separate individuals entering dates into different calendars/systems for the same matter?  No  Yes

Does the firm issue engagement, declination, disengagement/closing letters on a regular basis?  No  Yes

Gross Billable Dollars for This Year: \_\_\_\_\_ Date Ending: \_\_\_\_\_ Last Year: \_\_\_\_\_

5. Please answer the following questions regarding the firm's Insurance Coverage.

Current Insurance Company: \_\_\_\_\_

Current Limits: \_\_\_\_\_ Current Deductible: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Number of years the firm has had continuous professional liability coverage: \_\_\_\_\_

Current Policy Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

6. Has any insurer declined, canceled or non-renewed your professional liability policy?  No  Yes

Has any attorney in the firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or have any disciplinary complaints or ongoing disciplinary investigations?  No  Yes

During the past five years, has any professional liability claim, suit or potential claim been made against any past or present attorney of the firm or are you aware of any act, error or omission that can result or give rise to a claim, potential claim or incident?  No  Yes

If you answered yes to any of the questions above in section 6, please provide a brief explanation:

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Return completed form to Lawyers Pacific Insurance Brokerage, Inc.  
Fax to 818-576-9206 or Email to [Info@LawyersPacific.com](mailto:Info@LawyersPacific.com)