



# LAWYERS PROFESSIONAL LIABILITY INSURANCE

## BALLPARK QUOTE FORM



[www.protectyourbusinesses.com](http://www.protectyourbusinesses.com)

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date Firm Established: \_\_\_\_\_  
 Website: \_\_\_\_\_ Best Way to Contact: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  Now  Closer to my expiration/renewal date  
 Current Carrier: \_\_\_\_\_ Current Premium \$ \_\_\_\_\_ Current Limits: \_\_\_\_\_  
 # Years Continuously Insured \_\_\_\_\_ #Non Lawyer Staff \_\_\_\_\_ Current Deductible \$ \_\_\_\_\_  
 Current Expiration Date: \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_ Copy of Declarations Page  Yes  No

Please provide information about the attorneys in your firm (attach separate sheet as necessary)

Name of Attorney	O-officer; P-Partner; S-Shareholder; A-Associate, OC-Of Counsel; IC-Independent Contractor: R-Retired Partner	OC/IC Hours Annual	Date Admitted to Bar (MM/DD/YY)	Date of Hire (MM/DD/YY)

**\*Areas that require completion of a supplemental form**

Admiralty	Plaintiff: _____% Defense: _____%	Government Contract Work	_____%
Administrative	_____%	Healthcare	_____%
Antitrust/Trade	_____%	Immigration	_____%
Civil Rights	_____%	Intellectual Property**	Copyright: _____% Patent/TM: _____%
Collection/Bankruptcy	_____%	International	_____%
Commercial Lit**	Plaintiff: _____% Defense: _____%	Mediation/Arbitration	_____%
Construction	_____%	Natural Resources	_____%
Corporate General	_____%	Pension Employee Benefits	_____%
Criminal	_____%	Personal Injury**	Plaintiff: _____% Defense: _____%
Family Law	_____%	Real Estate (incl Title)	Residential: _____% Commercial: _____%
Employment Law	Plaintiff: _____% Defense: _____%	Securities**	_____%
Environmental	_____%	Tax Opinions	_____%
Estate/Probate/Trust	_____%	Work Comp	Plaintiff: _____% Defense: _____%
Tax Other	_____%	<b>TOTAL MUST EQUAL 100%</b>	_____%
Other	_____%		

Firm Management	
Legal Administrator: <input type="checkbox"/> Yes <input type="checkbox"/> No	ALA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Diary System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computerized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Conflict System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computerized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Engagement/Non-Engagement/Decline Letters Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
# Fee Suits/Last 12 Months: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Claims History
In the past five (5) years:
# Claims/Incidents Reported: _____
# Bar Grievances Filed: _____
<i>If any, please complete a claim supplement for each claim or incident.</i>

In order to provide you with a quote for coverage, please complete this form and return via fax to (813) 222-4288 or by email to [info@protectyourbusinesses.com](mailto:info@protectyourbusinesses.com).

Questions? Call 1-800-467-8734