

LegalFeeGuard[®]

Proposal for Settlement Insurance Application

Attorney's Personal Information

Attorney First Name: _____ Attorney Last Name: _____

Name of Law Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Please Check Box: I certify that I am a lawyer currently admitted to practice law in Florida.

Type of Litigation

Please select the type of litigation that best represents your case.

Covered Types of Litigation (State Court Only)	Litigation Excluded
<input type="checkbox"/> Negligence – Auto/Motorcycle	Bankruptcy
<input type="checkbox"/> Negligence – Construction	Collection/Repossession
<input type="checkbox"/> Negligence – Other General Liability	Criminal
<input type="checkbox"/> Negligence – Product Liability	Divorce/Guardian Ad Litem/Domestic Relations
<input type="checkbox"/> Negligence – Professional Malpractice	Eminent Domain
<input type="checkbox"/> Civil Rights/Discrimination/Sexual Harassment	First Party Homeowners Litigation
<input type="checkbox"/> Contracts – Other Breach of Contract	Immigration/Naturalization Litigation
<input type="checkbox"/> Corporate/Business Disputes	Intellectual Property – Trademark/Patent, etc
<input type="checkbox"/> Wills/Trusts/Estate Litigation	Negligence – Class Action or Mass Tort
Litigation Excluded	Negligence – Workers Compensation
Anti-Trust/Trade Regulation	Real Property & Mortgage Foreclosure
Appellate	Tax Litigation

Please Check One Box Below:

Buying within 30 Days of Receiving First Offer of Judgment	Buying after 30 Days of First Offer but Prior to 90 Days to Trial	Buying within 90 Days of Start of Trial
<input type="checkbox"/> \$10,000 Limit - \$500 Premium	<input type="checkbox"/> \$10,000 Limit - \$1,000 Premium	<input type="checkbox"/> \$10,000 Limit - \$1,500 Premium
<input type="checkbox"/> \$25,000 Limit - \$1,250 Premium	<input type="checkbox"/> \$25,000 Limit - \$2,500 Premium	<input type="checkbox"/> \$25,000 Limit - \$3,750 Premium
<input type="checkbox"/> \$35,000 Limit - \$1,750 Premium	<input type="checkbox"/> \$35,000 Limit - \$3,500 Premium	<input type="checkbox"/> \$35,000 Limit - \$5,250 Premium
<input type="checkbox"/> \$50,000 Limit - \$2,500 Premium	<input type="checkbox"/> \$50,000 Limit - \$5,000 Premium	<input type="checkbox"/> \$50,000 Limit - \$7,500 Premium
<input type="checkbox"/> \$75,000 Limit - \$3,750 Premium	<input type="checkbox"/> \$75,000 Limit - \$7,500 Premium	<input type="checkbox"/> \$75,000 Limit - \$11,250 Premium
<input type="checkbox"/> \$100,000 Limit - \$5,000 Premium	<input type="checkbox"/> \$100,000 Limit - \$10,000 Premium	<input type="checkbox"/> \$100,000 Limit - \$15,000 Premium
<input type="checkbox"/> \$125,000 Limit - \$6,250 Premium	<input type="checkbox"/> \$125,000 Limit - \$12,500 Premium	<input type="checkbox"/> \$125,000 Limit - \$18,750 Premium
<input type="checkbox"/> \$150,000 Limit - \$7,500 Premium	<input type="checkbox"/> \$150,000 Limit - \$15,000 Premium	<input type="checkbox"/> \$150,000 Limit - \$22,500 Premium
<input type="checkbox"/> \$200,000 Limit - \$10,000 Premium	<input type="checkbox"/> \$200,000 Limit - \$20,000 Premium	<input type="checkbox"/> \$200,000 Limit - \$30,000 Premium
<input type="checkbox"/> \$250,000 Limit - \$12,500 Premium	<input type="checkbox"/> \$250,000 Limit - \$25,000 Premium	<input type="checkbox"/> \$250,000 Limit - \$37,500 Premium

*Plus applicable taxes/fees

Please Check Box: I certify that I am authorized to complete this application and purchase this insurance on behalf of the following client. I further certify that the client information is accurate, complete and current, and agree to update this information if it changes. LegalFeeGuard is not responsible for transactions resulting from information you provide about yourself or your client that is not accurate, not current, incomplete or fraudulent.

Client Information

Client First Name: _____ Client Last Name: _____

Title: _____ Not Applicable

Company: _____ Not Applicable

Check this box if the company listed above should be the insured on the policy.

Address: _____

City: _____ State: _____ Zip Code: _____

Case Information

As of today, has a trial date been scheduled for your case on any court's calendar? Yes No

If yes, what is the trial set to start? _____/_____/_____
(This insurance is only available if the policy is purchased at least 40 days prior to the first scheduled date of the start of trial for your case).

As of today, has the Insured received any Offer of Judgment in connection with your case? Yes No

If yes, when did the Client receive the first Offer of Judgment in this case? _____/_____/_____

Case Style

Case Name: _____
(Enter the name of your case exactly as listed with the applicable court).

Case Number: _____ Venue: _____
(Enter the case number, including all hyphens, exactly as listed with the applicable court).

Opposing Party: _____
(Enter the name of the Opposing Party exactly as listed with the applicable court. Only one Opposing Party can be covered by this insurance. If additional parties are desired to be covered, a separate policy must be purchased for each Opposing Party.)

Check this box if you have listed two Opposing Parties above because one Opposing Party is purely vicariously liable for the other Opposing Party.

Date Original Complaint was Filed? _____/_____/_____

Were you initially listed as the plaintiff or defendant in this case? Plaintiff Defendant

Please Check Box: By checking this box, you are agreeing to place coverage in the surplus lines market and acknowledge that (1) superior coverage may be available in the admitted market and at a lesser cost, and (2) persons insured by surplus carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. If you have any questions regarding this

disclosure, please contact your insurance broker.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

RELATIONSHIP TO THE INSURED: _____

Once you have completed and signed this form, please email to:

info@protectyourbusinesses.com or fax to 813-222-4288.