



**A. Please complete all parts of this form and return with a sample of the firm's letterhead noting this is not an application for coverage. The information provided will be used to prepare a premium indication only. The terms will be subject to receipt and favorable review of a fully completed application and applicable supplements in order to offer a premium quotation.**

**B. Please fax or e-mail this completed form to the attention of Steve Chaloult at USI Affinity:  
E-mail: [Steve.Chaloult@USI.biz](mailto:Steve.Chaloult@USI.biz) Fax: 610.537.2585**

1) Name of Firm: \_\_\_\_\_ Year Est.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2) Current Insurance**

Carrier	Limit	Deductible	Premium	Policy Term (From – To)*

(MM/DD/YYYY).

\*Note, if firm presently does not have coverage please confirm the firm's desired effective date \_\_\_\_\_

**3) Attorneys ( If not enough room for additional Attorneys, please attach by addendum)**

Attorney Name	D/C*	Retroactive or Prior Acts Date	Social Security Number/Bar Number	Years In Practice	Date Joined Firm (mm/dd/yyyy)	Average # of hours worked/ week

*\*Designation Codes (D/C) O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers, S = Sole Proprietor, E = Employed lawyers, C = Of Counsel Attorneys, I/C = Independent Contractors, PT = Part-Time lawyers (work less than 26hrs/week on average for firm)*

**4) If applying as a Sole Practitioner for Part Time Coverage, are you are employed in any capacity other than working as a Part Time Lawyer as applied for herein? Yes  No  N/A**

**5) Claims/Incidents/Disciplinary Matters:**

**a) Has any professional liability claim or suit been made in the past five years against the firm or its predecessor or any current or former member of the firm or it's predecessor firm(s)? Yes  No  Total Number: \_\_\_\_\_**

**b) After inquiry, does any firm member know of any circumstance, situation, act or error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) in the past five years? Yes  No  Total Number: \_\_\_\_\_**

***If 'yes' response to either 5a or 5b, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed. If needed, please contact us for a copy of a Claim Supplement to provide details on the matter(s).***

c) During the past ten years has any Attorney in Question 3 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes  No  Note, if yes – please provide firm’s explanation of matter or copy of complaint with the firm’s response and an update as to the status of the matter with Grievance Committee.

d) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association? Yes  No

6) **Suits for Fees:** How many suits for the collection of fees have been filed against clients in the past 5 years? \_\_\_\_\_

7) **Other Offices:** Please list other offices of the firm not listed in this form by addendum

8) **Administrative Controls:**

- a) Does the firm maintain a Docket Control System with at least two Independent date controls? Yes  No
- b) Is one of the controls computerized? Yes  No
- c) Does any single client represent 50% or more of the firm’s gross billings? Yes  No
- d) Does firm maintain a conflict of interest system? Yes  No

9) **Please attach a sample of the firm’s letterhead**

10) **Percentage of Firm’s Income Derived from the following Areas of Practice for last fiscal year:(If this is a new firm, estimate income going forward):**

AREA OF PRACTICE PERCENTAGES (Must total 100%)			
Admiralty/Maritime		Government (Federal/State/Lobbying)	
Antitrust/Trade Regulation		Healthcare	
Aviation		Immigration	
Bankruptcy		Insurance Defense Litigation	
Business Transactions- Commercial Law		Insurance Other (Coverage, Regulatory, Subrogation)	
Civil Rights		Labor Law – Union Related Work	
Collection		Medical Malpractice - Defendant	
Commercial Practice – Business Litigation		Medical Malpractice - Plaintiff	
Communications / Media		Workers Compensation - Defense	
Construction Law		Workers Compensation - Plaintiff	
Consumer Claims		Oil & Gas	
Copyright /Trademark		Patent	
Corporate – Business Formation/Alteration		Personal Injury – Defendant	
Corporate – Business Transactions/Advice		Personal Injury - Plaintiff	
Criminal		Public Utilities	
Disability/Social Security		Real Estate – Commercial	
Elder Law		Real Estate - Residential	
Employment		Securities Law (Except corporate formation)	
Entertainment		Taxation	
Environmental		Tax Shelters	
Estates/Wills/Trust/Probate		Workers’ Compensation - Defendant	
Family Law		Workers’ Compensation - Plaintiff	
Financial Institutions		Other	

11) Does the firm handle or represent or engage in any **Mass Tort or Class Action** work? Yes  No

12) If the firm has stated any percentage of **Medical Malpractice - Plaintiff** work in the area of practice chart above, please advise if it handles any of the following areas of work:

- Wrongful Death Yes  No  Total Disability Yes  No  OB/GYN Yes  No
- Pediatrics Yes  No  Nursing Homes Yes  No  Oncology Yes  No

b) If the firm has Fee Arrangements for Medical Malpractice cases referred to another firm, please describe the follow up procedures in place for the referred matter(s) and confirm the recipient firm maintains professional liability insurance: \_\_\_\_\_

**I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound after the carrier’s fully completed application and applicable supplements has been submitted and approved by the carrier.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_