

**LAWYER'S PROFESSIONAL LIABILITY INSURANCE • QUICK QUOTE REQUEST**

**TBA MEMBER INSURANCE SOLUTIONS**

For a no-obligation indication, please complete the information below and send to us via fax at 866.791.2806 or email to Lawyers@assoc-admin.com. If you have questions, please call us at 800.347.1109.

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year Est: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Firm Prior Acts or Retroactive Date: \_\_\_\_\_  
 Current Limits: \_\_\_\_\_ Current Deductible: \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
 Available Limits (please check limits requested):  
 100,000/300,000     250,000/750,000     500,000/1,500,000     1,000,000/2,000,000     1,000,000/3,000,000  
 2,000,000/3,000,000     3,000,000/3,000,000     4,000,000/4,000,000     5,000,000/5,000,000

List of Lawyers by Name (Attach Separate Sheet if Necessary)	Total Years in Practice	Hours Practicing Law Weekly	Year Joined this Firm	Relation to Firm* (Use Codes)	Ind. Lawyers Prior Acts/ Retro Dates

**Number of Support Staff:** \_\_\_\_\_ \*Codes: [O] Officer [OC] Of Counsel [P] Partner [S] Solo [E] Employed Lawyer

1. Number of claims / suits / incidents filed against the firm in the past 7 years:  
 Filed: \_\_\_\_\_ Pending: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Total Value of all Claims: \$ \_\_\_\_\_

2. Is any member of the firm aware of any act, error or omission, which may give rise to a claim?: \_\_\_\_\_

3. Has any member of the firm sued for legal fees in the past 24 months (including sending a matter to a collection agency)?: \_\_\_\_\_

4. Docket Control Utilized: Single Calendar \_\_\_\_\_, Dual Calendars \_\_\_\_\_, Tickler \_\_\_\_\_, Computer \_\_\_\_\_

5. What type of Conflict of Interest Control System is utilized?: \_\_\_\_\_

6. In the past 7 years, have any lawyers with the firm been disciplined or denied the right to practice?: \_\_\_\_\_

7. C<97? any used by the firm: [A] Retainer Agreements [B] Engagement Letters [C] Non-engagement Letters [D] Disengagement Letters

**Indicate the percentage of HOURS of practice devoted to the following areas (if your area of practice is not listed, indicate 0%):**

Area of Practice	Lawyer 1	Lawyer 2	Lawyer 3	Lawyer 4	Lawyer 5	Lawyer 6	Lawyer 7	Lawyer 8
Arbitrator/Mediator								
BI/PI Defense								
BI/PI Plaintiff								
Class Action/Mass Tort Plaintiff								
Collection-Consumer								
Commercial Litigation - Defense								
Estate Planning								
General Corporate								
Corporate Administration								
Contracts								
Entity Formations								
IP - Patent								
Medical Malpractice - Defense								
Medical Malpractice - Plaintiff								
Product Liability - Defense								
Product Liability - Plaintiff								
Real Estate								
Securities Law								
Worker Comp - Defense								

**THIS FORM IS FOR ESTIMATE PURPOSES ONLY!**

Please include a copy of the firm's letterhead AND a copy of your existing policy's Declarations Page (if available).  
 A firm quote will be available only upon submission and acceptance of a full professional liability application.