

LAWYERS' MALPRACTICE INSURANCE • PREMIUM INDICATION REQUEST FORM

TBA MEMBER INSURANCE SOLUTIONS

For a no-obligation quote, please complete this form and send to us via email at TBA@assoc-admin.com or via fax to 866.791.2806. If you have any questions, please call us at 800.347.1109.

Firm:			
Firm Contact:			
Address:			
City:	State:	Zip:	County:
Email:			
Phone:	Fax:	Year Firm Established:	

Current Coverage:

Current Carrier:	Expiration Date:	Firm Retro/Prior Acts Date:
Current Limits:	Current Deductible:	Premium:

Available Limits [Please check limits requested]:

<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 250,000/750,000	<input type="checkbox"/> 500,000/1,500,000	<input type="checkbox"/> 1,000,000/2,000,000
<input type="checkbox"/> 1,000,000/3,000,000	<input type="checkbox"/> 2,000,000/3,000,000	<input type="checkbox"/> 3,000,000/3,000,000	<input type="checkbox"/> 4,000,000/4,000,000
<input type="checkbox"/> 5,000,000/5,000,000	<input type="checkbox"/> Other _____		

Available Deductibles [Please check deductible requested]:

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	

List of Lawyers by Name [Attach Separate Sheet if Needed]	Year Admitted to Bar	Bar/Supreme Court #	Total Years in Practice	Hours Practicing Law Weekly	Date Joined this Firm	Relation to Firm [Use Codes*]	Individual Lawyers Retro/Prior Acts Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

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

<p>1. Number of claims/suits/incidents filed against the firm in the past 7 years: Filed: _____ Pending: _____ Total Paid: \$ _____ Total Value of all Claims: _____</p> <p>2. Is any member of the firm aware of any act, error or omission, which may give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has any member of the firm sued for legal fees in the past 24 months [including sending a matter to a collection agency]? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Docket control utilized: <input type="checkbox"/> Single Calendar <input type="checkbox"/> Dual Calendars <input type="checkbox"/> Tickler <input type="checkbox"/> Computer</p> <p>5. What type of Conflict of Interest Control System is utilized? _____</p> <p>6. In the past 7 years have any lawyers with the firm been disciplined or denied the right to practice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does the firm use any of the following: <input type="checkbox"/> Retainer Agreements <input type="checkbox"/> Engagement Letters <input type="checkbox"/> Non-Engagement Letters <input type="checkbox"/> Disengagement Letters</p>
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Indicate the Percentage of Time Derived for the Following Areas of Practice

Area of Practice	Lawyer 1	Lawyer 2	Lawyer 3	Lawyer 4	Lawyer 5	Lawyer 6	Lawyer 7	Lawyer 8
Arbitrator/Mediator								
Bi/Pi Plaintiff								
Bi/Pi Defense								
Business Transaction/Corp Law								
Commercial Lit-Defense								
Other								
Class Action/Mass Tort Plaintiff								
Collection and Bankruptcy								
Bankruptcy								
Collection-Consumer								
Collection-Commercial								
Collection-Defense								
Residential Foreclosures								
Contracts								
Corporate Administration								
Criminal								
Entity Formations								
Estate Planning								
Estate/Probate/Trust								
FELA								
General Corporate								
Intellectual Property								
Patent								
Other								
Labor Law								
Medical Malpractice-Defense								
Medical Malpractice-Plaintiff								
Product Liability-Defense								
Product Liability-Plaintiff								
Real Estate								
Securities Law								
Tax								
Workers Comp-Defense								
Workers Comp-Plaintiff								
Other								
TOTAL [Must Equal 100%]								

This Form is for Estimate Purposes Only

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



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