

# LAWYERS' MALPRACTICE INSURANCE • QUICK QUOTE REQUEST

## 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 questions, please call us at 800.347.1109.

Firm: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year Est: \_\_\_\_\_

### Percentage of income your firm derives from the following areas of practice (must total 100%):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Administrative<br><input type="checkbox"/> Admiralty & Marine<br><input type="checkbox"/> Agent Practice/Entertainment Law<br><input type="checkbox"/> Anti-Trust/Trade Regulation<br><input type="checkbox"/> Appellate<br><input type="checkbox"/> Banking/Financial Institutions<br><input type="checkbox"/> Civil Litigation - Defense<br><input type="checkbox"/> Civil Litigation - General<br><input type="checkbox"/> Civil Litigation - Plaintiff<br><input type="checkbox"/> Civil Rights/Discrimination<br><input type="checkbox"/> Class Action/Mass Tort<br><input type="checkbox"/> Collection/Bankruptcy<br><input type="checkbox"/> Collection/Repossession<br><input type="checkbox"/> Collections<br><input type="checkbox"/> Commercial/Corporate General Lit - Defense<br><input type="checkbox"/> Commercial/Corporate General Lit - Plaintiff<br><input type="checkbox"/> Commercial/Corporate - Finance<br><input type="checkbox"/> Commercial/Corporate - Formation/Alteration<br><input type="checkbox"/> Commercial/Corporate - General<br><input type="checkbox"/> Commercial/Corporate - Mergers & Acquisitions<br><input type="checkbox"/> Consumer Law | <input type="checkbox"/> Creditor Rights - Collections<br><input type="checkbox"/> Creditor Rights - General<br><input type="checkbox"/> Criminal Defense<br><input type="checkbox"/> Elder/Senior Law<br><input type="checkbox"/> Employee Benefit Plans, ERISA, Pension<br><input type="checkbox"/> Employment Law - Employee Representation<br><input type="checkbox"/> Employment Law - Mgmt Representation<br><input type="checkbox"/> Employment Law - Union Representation<br><input type="checkbox"/> Environmental Regulatory<br><input type="checkbox"/> Estate & Probate - General<br><input type="checkbox"/> Estate Planning & Trust Administration<br><input type="checkbox"/> Family Law/Juvenile Rights<br><input type="checkbox"/> Family Law - Custody/Child Support<br><input type="checkbox"/> Family Law - Divorce<br><input type="checkbox"/> Family Law - Guardianship/Adoption<br><input type="checkbox"/> Government/Municipal<br><input type="checkbox"/> Healthcare<br><input type="checkbox"/> Immigration & Naturalization<br><input type="checkbox"/> Intellectual Property<br><input type="checkbox"/> Mediation/Arbitration<br><input type="checkbox"/> Mergers & Acquisitions | <input type="checkbox"/> Municipal - Financial or Bonds<br><input type="checkbox"/> Municipal - General (Not Finance)<br><input type="checkbox"/> Oil & Gas, Mineral Rights<br><input type="checkbox"/> Personal Injury/Property Damage - Defense<br><input type="checkbox"/> Personal Injury/Property Damage - Plaintiff<br><input type="checkbox"/> Plaintiff Lit - Social Security, Workers Comp<br><input type="checkbox"/> Public Utilities (Not Finance)<br><input type="checkbox"/> Real Estate - Commercial<br><input type="checkbox"/> Real Estate - Residential & Basic Commercial<br><input type="checkbox"/> Real Estate - Title Work<br><input type="checkbox"/> Schools & Education (Not Finance)<br><input type="checkbox"/> Securities/Private Placements/Public Registrations - # of Investors _____<br><input type="checkbox"/> Tax Preparation - Individual<br><input type="checkbox"/> Taxation - Corporate & Individual<br><input type="checkbox"/> Taxation - Opinions<br><input type="checkbox"/> Taxation - Other<br><input type="checkbox"/> Wills, Estate, Trust & Probate<br><input type="checkbox"/> Other _____ |
|---|--|--|

Current Coverage (All Items Must be Completed)	List of Attorneys by Name (Attach Separate Sheet if Necessary)	Total Years in Practice	Year Joined this Firm	Relation to Firm* (Use Codes)	Individual Attorney Prior Acts Dates
<b>Carrier:</b>					
<b>Expiration Date:</b>					
<b>Retroactive or Prior Acts Date:</b>					
<b>Limit: \$</b>					
<b>Deductible: \$</b>					
<b>Premium: \$</b>					

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

1. Number of claims / suits / incidents filed against firm in the past 5 years:  
 Filed: \_\_\_\_\_ Pending: \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Total Reserved: \$ \_\_\_\_\_
2. Is your firm aware of any circumstance(s) or act(s) which may give rise to a claim?: \_\_\_\_\_
3. Do you have a legal administrator?: \_\_\_\_\_
4. Docket Control: Single Calendar \_\_\_\_\_, Dual Calendars \_\_\_\_\_, Tickler \_\_\_\_\_, Computer \_\_\_\_\_
5. Do you have a Conflict of Interest control system?: \_\_\_\_\_
6. Has any attorney with the firm ever been disciplined or denied the right to practice?: \_\_\_\_\_
7. Does the firm use any of the following?: [ ] Retainer agreements [ ] Engagement letters [ ] Non-engagement letters [ ] Disengagement letters

**This form is for estimate purposes only!**

**Please include a copy of firm's letterhead AND a copy of your existing policy's Declarations Page (if available).  
 Coverage may be bound only upon submission and acceptance of a full professional liability application.**