

Affinity Insurance Agency, Inc.

Lawyers Professional Liability

PREMIUM ESTIMATE

Just give us a few facts about your firm and we can provide you with a premium estimate. We will need to see a fully completed application before we can send you a firm quote, but this should be enough information for a reasonably good estimate.

1. Contact Person:	Address:
Firm:	City/State/Zip:
Phone:	Fax:
Email:	Website:

Fax Consent Form: By entering my firm name, fax number (s), and my name above, I am authorized to and consent to the firm receiving faxes sent by or on behalf of Affinity Insurance Agency, Inc.

2. Provide the number of attorneys and their years with your firm **based upon their date of employment**.
Number of Attorneys:

_____ 7 + years	_____ 3 + years	# of non-attorney
_____ 6 + years	_____ 2 + years	staff: _____
_____ 5 + years	_____ 1 + years	
_____ 4 + years	_____ < 1year	Date firm Founded: _____

3. Have at least half the attorneys in your firm had some type of continuing legal education within the last year?
 4. What percentage of time – **not income** – do you spend in the following specialties?

_____ % Admiralty/Defense	_____ % Entertainment/Sports/Celebrity
_____ % Bankruptcy _____ % Collections	_____ % Oil, Gas, Mining
_____ % General/Commercial Litigation	_____ % Patent/Copyright/Trademark
_____ % Criminal	_____ % Plaintiff/Personal Injury
_____ % Defense/Personal Injury	_____ % Plaintiff/Workers Comp.
_____ % Defense/Workers Comp.	_____ % Plaintiff/Products Liability
_____ % Defense/Products Liability	_____ % Real Estate/Commercial
_____ % Family Law	_____ % Real Estate/Residential
_____ % Immigration	_____ % Taxation/Corporate
_____ % International Law	_____ % Title/Abstracting
_____ % Mediation	_____ % Utilities
_____ % Will/estate planning/probate	_____ % Other* _____
_____ % Admiralty other than Defense	_____ % Banking/Savings & Loan, or other financial institution services
_____ % Corporation Formation/Alteration	_____ % Bonds, Commercial Paper, Limited Partnerships or Federal Securities both exempt and non-exempt
_____ % Environmental	_____ % Real Estate Syndication/Limited Partnerships
_____ % ERISA or Employee Benefits	_____ % Mergers/Acquisitions
_____ % Investment Counseling/Money Mgt.	_____ % Grand Total (must equal 100%)
_____ % Labor/Employee relations	
_____ % Labor management representation	
_____ % Labor Union representation	
_____ % Taxation/Individual	

5. Do you use engagement letters for all clients? _____
 6. Do you participate in any class action suits? _____
 7. Does your firm have at least two (2) independently maintained calendars? _____ Yes _____ No
 8. a.) Have you had or reported any claims within the last seven (7) years? _____ Yes _____ No

If yes provide details:	One	Two	Three	Four
Date Claim Reported:				
Amount Paid, (including Defense Expenses (if closed))				
Reserve Amount (if open)				

b.) **Bar Complaints: Number:** _____ **Year** _____ **Closed:** _____ **Open:** _____
 9. Current Malpractice Insurer: _____ Expiration Date of Policy: _____
 Retroactive Date of Policy: _____ Current Limits of Liability: _____
 Deductible: _____ Current Premium: _____

10. Limits of Liability Desired: _____ Deductible Desired: _____

11. Does any attorney in your firm serve as director, officer or employee, or have any equity interest, in any client of the firm? _____ Yes _____ No

12. Number of Suits for Fees in the last 24 months: _____ **If more than three (3), an explanation must be attached.**

13. Are you interested in an office package? _____ 14. Workers' Comp? _____