PREMIUM ESTIMATE FORM

ALPS

CONTACT INFORMATION

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

INSURANCE HISTORY

Current Carrier: _____

Policy Effective Date: _____

Limits (Per Claim/Aggregate): _____ / _____

Deductible: _____

Retroactive Date: _____

Annual Premium: _____

GENERAL INFORMATION

Firm Established Date: _____

No. of Paralegals/Law Clerks: _____ No. of Clerical: _____

Attorney Insurance Contact: _____

Non-Attorney Insurance Contact: _____

RISK MANAGEMENT

Do you sue for fees? ☐ Yes ☐ No

If yes, how many in last 24 mo? _____

FIRM AREA(S) OF PRACTICE (List % of Each)

_____ % Admiralty/Maritime
_____ % Anti-trust/Trade Reg.
_____ % Arbitration/Mediation
_____ % Bankruptcy
_____ % Civil Litigation–Plaintiffs
_____ % Civil Litigation–Defendants
_____ % Collection/Repossession
_____ % Copyright/Trademark/Service Mark
_____ % Corporation/Business
_____ % Criminal
_____ % Domestic Relations

_____ % Entertainment/Sports
_____ % Environmental
_____ % ERISA/Employee Benefits
_____ % Estate/Probate/Wills/Trusts
_____ % Financial Insititutions/Banking
_____ % Gaming/Casino/Representation
_____ % Government/Municipal
_____ % Immigration
_____ % International Law
_____ % Labor Law/Employee Relations
_____ % Mergers & Aquisitions

_____ % Natural Resources/Water Rights
_____ % Oil/Gas
_____ % Patents
_____ % Public Utilities
_____ % Real Estate
_____ % Securities Exempt/Bonds
_____ % Securities Reg'd Offerings
_____ % Social Security
_____ % Taxation
_____ % Workers Compensation
_____ % Other – (Describe) _____

Total (Should Equal 100%) _____

CLAIM INFORMATION (Submit seperate sheet if necessary)

Has any claim or suit been made against you or any other current or former member of this Firm or any Predecessor Firm in the last five (5) years? ☐ Yes ☐ No
If yes, complete a Claim Information Supplement for each claim and provide a five (5) year loss run report.

Are you or any member of the Firm aware of or have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against any current or former Attorney in the Firm or any Predecessor Firms, regardless of the merit of such claim? ☐ Yes ☐ No
If yes, complete a Claim Information Supplement for each potential fact, circumstance, act, error, or omission and provide a five (5) year loss run report.

Has any current or former Attorney of the Firm ever been refused admission to practice, disbarred or suspended from practice? ☐ Yes ☐ No *If yes, provide complete details and any supporting documentation.*

Has the Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company? [MISSOURI RESIDENTS, DO NOT ANSWER] ☐ Yes ☐ No
If yes, provide formal documentation issued by each carrier or potential carrier or provide a detailed explanation.

IMPORTANT NOTE:

Completion of this Premium Indication Form and any resulting indication of premium released by the companydoes not obligate ALPS to bind coverage, and/or issue an insurance policy. The right to decline to quote afterrisk assessment is retained by ALPS.

PRINTED NAME: _____   **SIGNATURE:** _____   **DATE:** _____

ATTORNEY INFORMATION

ALPS

ALPS rates by the individual attorney – if you provide this attorney roster with the following information and areas of practice for each attorney, your premium estimate will be more accurate.

If you have more than 4 areas of practice (AOP's), please use multiple lines.

NAME	POSITION	HIRE DATE	DOB	LAST 4 S.S. #	FICO SCORE	AOP (AREA / PERCENTAGE)	AOP (AREA / PERCENTAGE)	AOP (AREA / PERCENTAGE)	AOP (AREA / PERCENTAGE)