



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	____ % Entertainment/Sports	____ % Natural Resources/Water Rights
____ % Anti-trust/Trade Reg.	____ % Environmental	____ % Oil/Gas
____ % Arbitration/Mediation	____ % ERISA/Employee Benefits	____ % Patents
____ % Bankruptcy	____ % Estate/Probate/Wills/Trusts	____ % Public Utilities
____ % Civil Litigation-Plaintiffs	____ % Financial Institutions/Banking	____ % Real Estate
____ % Civil Litigation-Defendants	____ % Gaming/Casino/Representation	____ % Securities Exempt/Bonds
____ % Collection/Repossession	____ % Government/Municipal	____ % Securities Reg'd Offerings
____ % Copyright/Trademark/Service Mark	____ % Immigration	____ % Social Security
____ % Corporation/Business	____ % International Law	____ % Taxation
____ % Criminal	____ % Labor Law/Employee Relations	____ % Workers Compensation
____ % Domestic Relations	____ % Mergers & Acquisitions	____ % Other - (Describe) _____
Total (Should Equal 100%) _____		

CLAIM INFORMATION (Submit separate 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 company does not obligate ALPS to bind coverage, and/or issue an insurance policy. The right to decline to quote after risk assessment is retained by ALPS.

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

