

Allen/Freeman/McDonnell Agency

Lawyers Professional Liability Ballpark Request Quote Form

*Use this form to receive an estimated premium for your firm.
A completed application required for a firm quotation.*

Firm: _____	Contact Person: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone #: _____ Fax # _____	E-mail: _____

1 Please provide information about the attorneys in your firm (if more than 5 attorneys, please use a separate sheet of paper.)

Name of Attorney	Date Began Private Practice (MM/DD/YY)	Date Joined Firm (MM/DD/YY)	Status: Employee/Partner/Of Counsel/Indep. Contractor	Indiv. Prior Acts Date/Lateral Hire Date (MM/DD/YY)
1				
2				
3				
4				
5				

2 Please tell us what percentage of Billable Hours- not income you spend in the following areas of practice (Please express in whole numbers)

Admiralty/Marine _____ Anti-Trust/Trade Reg. _____ Arbitrator/Mediator _____ Banking/Fin. Inst. _____ Bankruptcy _____ Business Transaction Administrative _____ Formation of Entities _____ Gen'l Contract Negotiation _____ Mergers & Acquisitions _____ Secured Transactions _____ Civil Rights/Discrim. _____ Collections _____ Construction _____ Consumer Claims _____ Copyright/Trademark _____ Criminal _____ Environmental Law _____ Family Law Adoption _____ Divorce - Assets < 1M _____ Divorce - Assets > 1M _____ Elder Law _____ Guardianship/Liuen. _____ Social Security _____ Government Contracts _____ Healthcare _____ Immigration _____ International Law _____	Labor - Management _____ Labor - Employee _____ Litigation _____ Class Action - Defense _____ Class Action - Plaintiff _____ Gen. Comm'l - Defense _____ Gen. Comm'l - Plaintiff _____ Insurance Defense _____ Pers. Injury - Defense _____ Pers. Injury - Plaintiff _____ Work Comp - Defense _____ Work Comp - Plaintiff _____ Lobbying _____ Local Govt/Municipal _____ Natural Resources/Oil _____ Real Estate Abstracting/Title - Com. _____ Abstracting/Title - Res. _____ Conveyance - Comm. _____ Conveyance - Res. _____ Foreclosure/Workouts _____ Landlord/Tenant _____ Syndications/Ltd Part. _____ Zoning & Planning _____ Securities _____ Taxation _____ Wills, Estates, Trusts For assets < 1M _____ For assets > 1M _____ Total (must equal 100%)
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3 Please tell us about your firm's current coverage:

Number of years of continuous coverage _____	Retroactive Date (if any) _____
Current Professional Liability Carrier/Program _____	
Current Policy Expiration Date _____	\$ _____ Annual Premium
Current Limits _____	\$ _____ Deductible

4 Has there been any Professional Liability claims reported against any of the attorneys' listed, prior partners or associates in the last 7 years?
 Yes* No

	One	Two	Three
Date Claim(s) Reported	/	/	/
Amount Paid, including defense expenses (if closed) & excluding deductible paid by firm.	\$	\$	\$
Reserve Amount (if open)	\$	\$	\$
Settlement Demand	\$	\$	\$
Area of Practice (See Q. 2)			

* Please provide claims supplement.

5 Does any attorney in your firm serve as a director, officer, or employee, or have any equity interest, in any client of the firm? Yes No
If yes, please provide details on another sheet.

Does the firm have a docket system with two independent date controls? Yes No

Do you have a conflict of interest avoidance system? Yes No

Do you use engagement/disengagement letters? Yes No

How many suits for fees have you filed against your clients in the last 2 years? _____

How many attorneys have had some type of continuing legal education within the past year? _____

Have any of the firm's attorneys been the subject of any disciplinary action, for any reason other than non-payment of dues, within the last five years?
If yes, please provide details on another sheet. Yes No

OPTIONAL COVERAGES

- TITLE AGENCY
 CLAIMS EXPENSES OUTSIDE LIMIT (CEOL)
 FIRST DOLLAR DEFENSE
 EACH CLAIM DEDUCTIBLE

Return or FAX to Allen/Freeman/McDonnell Agency, 141 North Main Street, Brewer, Maine 04412
FAX (207)941-0241, Phone (207)942-7371 or (800) 762-8600
 We provide all types of Business, Personal, and Professional Insurance.