



Short Form Non-Binding Indication

Lawyers Professional Liability (Claims Made and Reported Basis)

****PREMIUM FINANCING AVAILABLE****

(Premium estimates provided are anticipated pricing and are non-binding indications. Actual quotes and final pricing are based upon information from and are subject to completion and signing of a New Business application with supplements and underwriting approval.)

PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC. -
UNDERWRITING FACILITIES
5802 Thunderbird, Bldg 10, Suite 100
Lago Vista, Texas 78645
1.800.761.7547 / (512) 328.0677
FAX (512) 327.5834
http://www.plisinc.com
E-MAIL underwriting@plisinc.com

Firm Name: _____ Year Established _____ Designated Contact Name: _____
Firm Address: _____ City: _____ County: _____ State: _____ Zip: _____
Firm Telephone Number: (____) _____ Firm Fax Number: (____) _____
Number of years firm has carried continuous claims-made LPL coverage: _____ Current Ins. Carrier: _____
Limits: \$ _____ / \$ _____ Deductible: \$ _____ Premium: \$ _____ # of Attys _____
Requested Effective Date: _____ Prior Acts Date: ____/____/____ Desired Limit(s): \$ ____/ \$ ____ Desired Deductible(s): \$ _____

Please complete the following information for all attorneys in your firm. (Attach additional sheets if necessary):

Attorney Name	# Yrs. continuous LPL	CLE hrs. past yr.	Mo./Yr. Admitted to TX Bar
	Exact Date Hired to Firm		
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

Are all attorneys engaged in full time practice? Yes / No Number of Support Staff: _____
Circle all Docket Controls used: Computer # Calendars ____ Tickler Pocket Diary Other ____ Cross-checked by at least two individuals? Yes / No
of Suits filed to collect fees during the past 2 years: _____ Number of Grievances/Reprimands in the last 5 years: _____
Number of claims or potential claims in the last 5 years: ____ Indemnity paid \$ _____ Defense costs incurred: \$ _____
If any claims / incidents / grievances, please complete attached claim supplement.

	Revenue Percent	# of Cases		Revenue Percent	# of Cases
Abstracting / Title	_____	_____	Health	_____	_____
Ad Valorem Tax	_____	_____	Housing Court	_____	_____
Admiralty - Law	_____	_____	Immigration	_____	_____
Admiralty:			Insurance Company:		
Plaintiff ++	_____	_____	Plaintiff ++	_____	_____
Defense	_____	_____	Defense	_____	_____
Antitrust/Trade Regulation	_____	_____	International	_____	_____
Appellate	_____	_____	Juvenile Proceedings	_____	_____
Banking ++	_____	_____	Limited Partnerships ++	_____	_____
Bankruptcy	_____	_____	Mediation / Arbitration	_____	_____
Bonds ++	_____	_____	Municipal (not bond)	_____	_____
Civil Rights	_____	_____	Oil & Gas ++	_____	_____
Collection +	_____	_____	Personal Injury:		
Commercial Litigation:			Plaintiff ++	_____	_____
Plaintiff ++	_____	_____	Defense	_____	_____
Defense	_____	_____	Public Utilities	_____	_____
Communication (FCC)	_____	_____	Real Estate:		
Copyright/Patent/Trademark ++	_____	_____	Residential ++	_____	_____
Corporate:			Commercial ++	_____	_____
Administrative Law	_____	_____	Securities Law:		
Formation +	_____	_____	Federal S.E.C. ++	_____	_____
General +	_____	_____	Federal Exemptions ++	_____	_____
Mergers and Acquisitions +	_____	_____	State S.E.C. ++	_____	_____
Criminal	_____	_____	Private Placements ++	_____	_____
Divorce:			Social Security Administration	_____	_____
Marital Assets < \$500K	_____	_____	Syndication ++	_____	_____
> \$500K	_____	_____	Taxation:		
Domestic and Family Relations:	_____	_____	Individual	_____	_____
Entertainment +	_____	_____	Corporate	_____	_____
Employment Practices:			Water Law	_____	_____
Plaintiff ++	_____	_____	Wills and Trusts	_____	_____
Defense	_____	_____	Assets < \$250K	_____	_____
Environmental +	_____	_____	< \$500K	_____	_____
Estate Planning ++	_____	_____	< \$1M	_____	_____
Estate / Probate / Trust ++	_____	_____	< \$5M ++	_____	_____
ERISA	_____	_____	Workers Compensation:		
Financial Planning/Counseling+ or	_____	_____	Plaintiff ++	_____	_____
Investment Planning/Counseling+	_____	_____	Defense	_____	_____
Foreclosure / Repossession	_____	_____	Other +	_____	_____

- Based on the percentages above, what percentage is defense work? _____
Based on the percentages above, what percentage is mass tort / toxic tort plaintiff or defense? _____ (Provide Details)
- Is any lawyer proposed for this insurance involved with any cases (past, present or anticipated) relating to any Local / State or Federal Government Entities (such as Qui Tam; Federal False Claims Act; Insurance Departments; Internal Revenue Service; Equal Employment Opportunity Commission; etc.)? Yes No
If YES, please provide details by separate attachment