



Short Form Non-Binding Indication

Lawyers Professional Liability

(Claims Made and Reported Basis)

PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.SM

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Lago Vista, Texas 78645
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PREMIUM FINANCING AVAILABLE

(Premium estimates provided are anticipated pricing and non-binding indications. Actual quotes are subject to completion and signing of a New Business application with supplements and underwriting approval. Estimates are subject to decrease or increase based upon the information found on the New Business application.)

Firm Name: _____ Year Established _____
 Designated Contact Name: _____ Firm County _____
 Firm Address: _____ City: _____ State: _____ Zip: _____
 Firm Telephone Number:(_____) _____ Firm Fax Number:(_____) _____
 Number of years firm has carried continuous claims-made LPL coverage: _____
 Current Ins. Carrier: _____ Policy Dates: _____ Begin / _____ End
 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 If not, please explain _____
 Number of Support Staff: _____
 Circle all Docket Controls used: Computer _____ # Calendars _____ Tickler _____ Pocket Diary _____ Other _____
 Are docket controls cross-checked by at least two individuals? Yes / No # of Suits filed to collect fees during the past 2 years: _____
 Number of claims or incidents in the last 5 years: _____ Indemnity paid (if any) \$ _____
 Defense costs incurred (if any): \$ _____ Number of Grievances/Reprimands in the last 5 years: _____

If any claims / incidents / grievances, please complete attached claim supplement.

Indicate the percentage of firm's income derived from these areas of practice. (Total must equal 100%):

Abstracting/Title _____	Domestic & Family Relations _____	Oil and Gas _____
Ad Valorem Tax _____	Entertainment _____	Personal Injury - Plaintiff _____
Admiralty - Law _____	Environmental _____	Personal Injury - Defendant _____
Admiralty - Plaintiff _____	Estate Planning _____	Public Utilities _____
Admiralty - Defendant _____	Estate/Probate/Trust _____	Real Estate - Residential _____
Antitrust/Trade Regulation _____	ERISA _____	Real Estate - Commercial _____
Banking _____	Financial Planning/ _____	Securities Law: _____
Bankruptcy _____	Investment Counseling _____	Federal SEC _____
Bonds _____	Foreclosure/Repossession _____	Federal Exemptions _____
Civil Rights _____	Health _____	State SEC _____
Collection _____	Housing Court _____	Private Placements _____
Commercial Litigation - Plaintiff _____	Immigration _____	Social Security Administration _____
Commercial Lit. - Defendant _____	Insurance Co. - Defendant _____	Syndication _____
Communication (FCC) _____	International _____	Taxation - Individual _____
Copyright/Patent/Trademark _____	Juvenile Proceedings _____	Taxation - Corporate _____
Corporate Administrative Law _____	Labor - Management _____	Water Law _____
Corporate Formation _____	Labor - Union/ Employee _____	Wills and Trusts _____
Corporate General _____	Limited Partnerships _____	Workers Comp. - Plaintiff _____
Corporate Mergers/Acquisitions _____	Mediation/Arbitration _____	Workers Comp. - Defendant _____
Criminal _____	Municipal (not bond) _____	Other: _____

Based on the percentages of areas of practice above, what percentage is defense work? _____ %

Signature of person completing this form _____ Date _____