

**Florida
Legal Malpractice
Insurance
Request for Premium
Estimate**



FLAG Insurance Services
1452 N US Highway 1, Suite 114
Ormond Beach, FL 32174
PH 800-748-3524
FAX 954-724-7445
Email: MRead@Flag4u.com

Name of Law Firm:		
Street Address		
City:	County	State: Florida Zip
Contact Name:		Email:
Phone:	Fax:	Website:

Please indicate the coverage desired below:

Limit of Liability: \$	Deductible: \$
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Firm's Areas of Practice during the previous year (whole numbers only please) – must total 100%

% Admiralty/Marine	% Estate/Trust/Probate	% Personal Injury: Plaintiff
% Antitrust/Trade Regulation	% Family Law/Domestic Relations	% Personal Injury: Defense
% Bankruptcy	% Financial Institutions/Banking	% Pro-bono: Criminal
% Bond	% Government/Municipal (not bonds)	% Pro-bono: Other
% Collection/Repossession	% Immigration/Naturalization	% Real Estate: Commercial
% Commercial Transactions: Finance	% Intellectual Property – Patent	% Real Estate: Residential
% Commercial Transactions: Secured	% Intellectual Property - Trademark	% Real Estate: Land use/Zoning
% Communications	% Intellectual Property – Copyright	% Real Estate: Title Examinations
% Corporate: Formation/Alteration	% Labor: Union–Management Relations	% Securities
% Corporate: Mergers/Acquisitions	% Labor: Employment Law	% Taxation: Corporations
% Corporate: Other (explain)	% Litigation: Arbitration/Mediation	% Taxation: Individuals
% Criminal	% Litigation: Commercial	% Workers Compensation: Plaintiff
% Energy/Natural Resources	% Litigation: General Civil	% Workers Compensation: Defendant
% Entertainment/Sports	% Litigation: Insurance Defense	% Other (attach description)
% ERISA	% Litigation: Plaintiff	100% TOTAL (must total 100%)

Number of non-lawyer staff:		Estimated Annual Revenue	\$
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Attorney Name	Designation Code	Average # hours/week	States Licensed	# Years in practice	# Years with firm	Prior Acts Date

Please attach separate sheet for additional attorneys

Designations: A = Associate CC = Co-Counsel D= Director E = Employee IC= Independent Contractor
OC = Of Counsel SP= Sole Practitioner P = Partner RP = Retired Partner

Insurance History for past five years: (if none – check here: None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium	# of lawyers

Does your firm’s current professional liability policy contain a limitation on prior acts coverage? (prior acts exclusion, retroactive date, etc). Yes No. If yes, please provide date: _____

Does the firm or any attorney have any clients in the Entertainment Industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any attorney provided legal services related to securities transactions (anywhere) in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the attorneys of this firm have any equity interest in its client(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm have any one client that generates more than 25% of the firm’s billings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the firm serve as a director, officer, employee or manager of any of a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm have a formal conflict of interest avoidance system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the firm’s conflict of interest system computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm have at least two independently maintained date/deadline control systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the firm have a formal computerized docket control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm regularly use written engagement agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm regularly use written declination and termination letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a solo practitioner, do you have a back up attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any publically traded clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the firm been involved in any Mass Tort / Class Action cases in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims / Incidents / Disciplinary Information / Fee Suits	
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Has the firm initiated lawsuits or arbitration procedures during the past two years to collect unpaid fees? (If yes, please also indicate how many)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any professional liability claim(s) or suit(s) been made against the firm or the attorneys in the past 5 years? (If yes, please complete a claim supplement for each)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or the attorneys aware of any actual or alleged circumstance which may give rise to a claim? (If yes, please complete a claim supplement for each)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of the attorneys been subject to any disciplinary inquiry, complaint, or proceedings? (If yes, please attach full details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your or any of the attorneys been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any way? (If yes, please attach full details)	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is being submitted for a non-binding premium indication only.

By providing your phone number, fax number and email address, you are providing us with permission to respond to your request for legal malpractice insurance premium indications by phone, fax and/or email . This information is confidential and never provided to or sold to any other party.

Signed: _____ Date: _____

Please return: (1) completed estimate request form, (2) copy of your current declarations page, (3) copy of prior acts date endorsement and (4) sample copy of your letterhead to Matt Read:

Fax to: 954-724-7445

Email to: MRead@Flag4u.com