

Lawyers Professional Liability Premium Estimate Fast-Fax

Rockford National, LLC

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Applicant: _____ Year Est. _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ E-Mail: _____
 Telephone: () _____ Fax: () _____ County: _____

Percentage Of Income Derived from the Following Areas Of Practice:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Abstracting / Title | Corporate: | <input type="checkbox"/> Immigration | <input type="checkbox"/> Real Estate - Commercial |
| <input type="checkbox"/> Ad Valorem Tax | <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Insurance Co. - Defendant | <input type="checkbox"/> Real Estate - Residential |
| <input type="checkbox"/> Admiralty - Plaintiff | <input type="checkbox"/> Formation | <input type="checkbox"/> International | Securities Law: |
| <input type="checkbox"/> Admiralty - Defendant | <input type="checkbox"/> Mergers & Acquisitions | <input type="checkbox"/> Juvenile Proceedings | <input type="checkbox"/> Federal SEC |
| <input type="checkbox"/> Antitrust / Trade Regulation | <input type="checkbox"/> General (describe): _____ | <input type="checkbox"/> Labor - Management | <input type="checkbox"/> Federal Exemptions |
| <input type="checkbox"/> Banking | | <input type="checkbox"/> Labor - Union | <input type="checkbox"/> State SEC |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Limited Partnerships | <input type="checkbox"/> Private Placements |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Environmental | <input type="checkbox"/> Mediation / Arbitration | <input type="checkbox"/> Social Security Admin. |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Municipal | <input type="checkbox"/> Syndication |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Estate / Probate / Trust | (Do not include Bond Practice - | |
| <input type="checkbox"/> Commercial Lit. - Plaintiff | <input type="checkbox"/> ERISA | Reflect Bonds in Bond category) | |
| <input type="checkbox"/> Commercial Lit. - Defendant | <input type="checkbox"/> Financial Planning & | <input type="checkbox"/> Oil and Gas | <input type="checkbox"/> Taxation - individual |
| <input type="checkbox"/> Communication (FCC) | <input type="checkbox"/> Investment Counseling | <input type="checkbox"/> Public Utilities | <input type="checkbox"/> Taxation - Corporate |
| <input type="checkbox"/> Copyright / Patent / Trademark | <input type="checkbox"/> Foreclosure /Repossession | Personal Injury: | <input type="checkbox"/> Water Law |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Health | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Wills and Trusts |
| <input type="checkbox"/> Domestic and Family Relations | <input type="checkbox"/> Housing Court | <input type="checkbox"/> Defendant | <input type="checkbox"/> Workers Comp - Plaintiff |
| | | | <input type="checkbox"/> Workers Comp - Defendant |
| | | | <input type="checkbox"/> Other: |

Current Coverage

(All Items Must Be Completed)

| | |
|--|--------------------------|
| Carrier: _____ | Limit: _____ |
| Expiration Date: _____ | Deductible: _____ |
| Retroactive or Prior Acts Date: _____ | Premium: _____ |

- Has the firm or any attorney at the firm had any Claims, Suits or Incidents in the Past 5 Years: Yes [] No []
(If Yes, complete the attached Claim Supplement)
- Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim? _____
- Number of suits for fees in the past twelve (12) months: _____
- Have 50% of the firm's attorneys attended CLE in the last 12 months? _____
- Number of Docket Control Systems? _____ Computerized? Yes [] No []
- Do you have a Conflict of Interest control system? _____
- Has any attorney with the firm ever been disciplined or denied the right to practice? _____
- Number of Support Staff? _____
- Does the Firm have a Legal Administrator? _____ If YES, are they an ALA Member or hold a CLM Certificate? _____
- CIRCLE any used by firm: (A) Retainer agreements; (B) Engagement letters; (C) Non-Engagement letters; (D) Disengagement letters

This Form is For Estimate Purposes Only!
 Please Attach a Copy of Firm Letterhead, Lawyer Detail Addendum
 (see attached) and a Copy of Policy Declarations Page.

LAWYERS DETAIL ADDENDUM

This Addendum MUST be completed in full, providing all information for each Lawyer in the firm. Attach additional sheets if necessary.

Name of Applicant:

| Name of Lawyer <i>State the <u>full</u> name of each lawyer</i> | Date of Birth | Social Security Number | D/C * <i>For OC/IC, complete additional information below</i> | Date Admitted to Bar MM/YY | Date of Hire by Applicant MM/DD/YY | Current Prior Acts Date MM/DD/YY | CLE Hours Taken During the Past Year |
|--|---------------|------------------------|--|----------------------------|------------------------------------|----------------------------------|--------------------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

D/C* = Designated Codes:

| | |
|-----------------------------------|------------------------|
| O = Officer/Director/Shareholder | P = Partner |
| S = Sole Proprietor | E = Employed Lawyer |
| RP = Retired Partner of Applicant | OC = Of Counsel Lawyer |
| IC = Independent Contractor | |

Of Counsel / Independent Contractor Additional Information Table

| Name of OC/IC | Average number of <u>weekly</u> hours spent on behalf of the Applicant | Is this lawyer a prior partner, officer, director, shareholder or employee of the Applicant? Y/N | Does this lawyer carry his/her own individual professional liability coverage? Y/N |
|---------------|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

**AREA OF PRACTICE QUESTIONNAIRE
INTELLECTUAL PROPERTY and/or BI/PI PLAINTIFF PRACTICES**

INTELLECTUAL PROPERTY

Please provide a breakdown of the applicant's practice by indicating the percentage of billable hours allocated to the following activities:

| | |
|---|---|
| Intellectual Property Litigation _____% | Trademark Registration/Licensing _____% |
| Patent Infringement Counseling _____% | Copyright Registration/Licensing _____% |
| Domestic Patent Prosecution _____% | Patent Searches _____% |
| Foreign Patent Prosecution _____% | |

Recent Experience of the Applicant's Intellectual Property Lawyers

Please complete the schedule below for all lawyers of the applicant who practice Intellectual property Law. In the third and fourth columns, please indicate the number of hours the lawyer has billed on Intellectual Property Law matters during the past **twenty-four** months. **Please round to the nearest fifty hours.**

| Name of Lawyer | No. of Years of IP Experience | IP Practice Billable Hours Most Recent 12 Months | IP Practice Billable Hours Prior 12 Months |
|----------------|-------------------------------|--|--|
| | | | |
| | | | |

Please provide a brief description of the Intellectual Property work done at your firm, attaching a separate page if necessary.

BI/PI PLAINTIFF

Questions A, B, C, and D MUST be completed

A. For Medical Malpractice cases you do not accept, are non-engagement letters used? Y ___ N ___

B. Are there fee arrangements for Medical Malpractice cases you refer? Y ___* N ___

* 1) If yes, please advise the Firm's current follow-up procedure for the cases referred.

* 2) Does the recipient Firm maintain Lawyers Professional Liability Insurance? Y ___ N ___

C. Please provide a brief description of the plaintiff work done at your firm, attaching a separate page if necessary.

D. Please provide a breakdown of the applicant's practice by indicating the percentage of BI/PI Plaintiff work allocated to the following areas:

| |
|-------------------------------|
| Mass tort/Class Action _____% |
| Medical Malpractice _____% ** |

** NOTE: If you stated any percentage of Medical Malpractice please advise whether or not the following areas are involved:

1) *Wrongful Death* Y__ N__ %__ 2) *Total Disability* Y__ N__ %__ 3) *OB/GYN* Y__ N__ %__ 4) *Pediatrics* Y__ N__ %__

FIRM NAME: _____

SIGNATURE OF PARTNER, OFFICER OR OWNER

DATE

PRINT NAME OF PARTNER, OFFICER OR OWNER

CLAIM SUPPLEMENT

INSTRUCTIONS:

1. This form is to be completed by an Applicant or Insured who has been involved in any claim or suit or is aware of an incident which may give rise to a claim.
2. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
3. If space is insufficient to fully answer any question, attach a separate sheet.
4. Answer all questions completely.

1. Full name of Applicant or Insured: _____

2. Full name of individual(s) or firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether: Claim/Suit or Incident

5. Date and location of alleged error: _____

6. Date of claim: _____

7. Additional defendants: _____

8. IF CLOSED:

Total loss paid including deductible(s): \$ _____

Indicate whether: Court Judgment or Out of Court Settlement

9. IF PENDING:

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve: \$ _____

Name of Insurer responding to this claim or incident: _____

Policy Number: _____

Limits of Liability: _____ Deductible: _____

10. DESCRIPTION OF CLAIM, SUIT OR INCIDENT:

11. Description of alleged act, error or omission upon which claim is based:

12. Description of the type and extent of injury or damage allegedly sustained:

13. Explain what action has been taken to prevent reoccurrence of a similar claim:

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant or Insured
(MUST be signed by a principal, Partner or Officer of the Firm)

Date