

This form is for indication purposes only.  
Coverage cannot be bound by completion of this form.

## LAW FIRM INFORMATION

1. Law Firm Name: \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

2. Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your email address will never be sold. It will be used to send you important notices.

3. Firm Address: \_\_\_\_\_

4. Please provide the percentage of hours worked in the areas below during the past 12 months:

Admiralty/Marine		Divorce		Municipal/Government	
- Plaintiff	_____ %	- \$1M or less in assets	_____ %	- General (no bonds)	_____ %
- Defense	_____ %	- Over \$1M in assets	_____ %	- Finance or Bonds	_____ %
Anti-Trust/Trade Regulation	_____ %	Elder Law	_____ %	- Zoning and Planning	_____ %
Arbitration/Mediation	_____ %	Employee Benefit Plans/ERISA	_____ %	Oil/Gas/Mineral Rights	_____ %
Aviation	_____ %	<b>Entertainment/Sports*</b>	_____ %	<b>Plaintiff*</b>	
<b>Banking/Financial Institutions*</b>	_____ %	Environmental	_____ %	- Bodily Injury/Personal Injury	_____ %
Bankruptcy	_____ %	- Non-Regulatory	_____ %	- <b>Class Action*</b>	_____ %
Civil Rights/Discrimination	_____ %	- Regulatory	_____ %	- General/Civil Litigation	_____ %
(non-employment)		<b>Estates/Wills/Trust/Probate*</b>		- Medical Malpractice	_____ %
<b>Collections/Repossession</b>		- Less than \$1M	_____ %	- Workers' Compensation	_____ %
<b>(no foreclosures)*</b>		- \$1M - \$5M	_____ %	Public Utilities	_____ %
- Commercial	_____ %	- Over \$5M	_____ %	<b>Real Estate*</b>	
- Consumer	_____ %	Family/Juvenile – no divorce	_____ %	- Abstract/Title	_____ %
Construction/Building Contracts	_____ %	Healthcare	_____ %	- Commercial	_____ %
Communications/FCC	_____ %	Immigration	_____ %	- Escrow Agent	_____ %
Corporate/Business Transactions		<b>Intellectual Property*</b>		- <b>Foreclosure/Loan Modification*</b>	_____ %
- Administrative	_____ %	- Trademark	_____ %	- Residential	_____ %
- Formation/Alteration	_____ %	- Copyright	_____ %	- Syndication/Development	_____ %
- General Contracts	_____ %	- Patent	_____ %	<b>Securities*</b>	_____ %
- Mergers/Acquisitions	_____ %	International/Foreign Law	_____ %	Social Security	_____ %
- Secured Transactions	_____ %	Investment Counseling/ Money Management	_____ %	Tax	
Consumer Claims (no class action)	_____ %	Labor/Employment		- Individual	_____ %
Criminal Defense	_____ %	- Employee	_____ %	- Business	_____ %
Defense		- Management	_____ %	- <b>Opinions*</b>	_____ %
- Bodily Injury/Personal Injury	_____ %	- Union	_____ %	Other – provide a written description	_____ %
- <b>Class Action*</b>	_____ %			_____ %	
- <b>Insurance Company Defense*</b>	_____ %			<b>Total (must equal 100%)</b>	_____ %
- <b>Insurance Defense*</b>	_____ %				
- General/Civil Litigation	_____ %				
- Medical Malpractice	_____ %				
- Workers' Compensation	_____ %				

**\*Please contact AHERN regarding Areas of Practice that are bolded and marked with an asterisk.\***

Current number of lawyers in the law firm: \_\_\_\_\_

Average Lawyer tenure with the law firm: \_\_\_\_\_

Number of docket control systems: \_\_\_\_\_

• Are docket controls computerized? .....  Yes  No

Conflict of interest system? .....  Yes  No

• Is it computerized? .....  Yes  No

Has any lawyer in the law firm ever been disciplined or denied the right to practice; or is there any such proceeding pending? .....  Yes  No

Total incidents/claims in the past 5 years: \_\_\_\_\_

Total amount paid/reserved: \$ \_\_\_\_\_

Are you currently insured? .....  Yes  No

**If yes, please complete the following:**

Insurer: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_

Retroactive Date:  Same as Effective Date  Full  
 Other Date \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

Limit Type:  CEIL  CEOL

Deductible: \_\_\_\_\_

Deductible Type:  Per Claim  Aggregate  Loss Only

Expiring Premium: \_\_\_\_\_

Professional liability insurance offered through AttorneyShield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company).