

Main Office

P.O. Box 849587
Los Angeles, CA 90084-9587

LAMARCHE INSURANCE AGENCY

Professional Liability Brokers

www.LamarcheAgency.com

Contact Us

Phone: (916) 853-2130
Fax: (916) 200-2678

Jason@lamarcheagency.com

Lawyers Professional Liability Premium Indication Form

Firm Name: _____ Contact Name: _____
Business Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Website: _____
Telephone: _____ Fax: _____ Date Firm Established: _____

1. Attorney Schedule - Include all attorneys in the firm. Each Attorney must be listed to be considered insured.

Attorney Name	Year Private Practice Began	States Admitted	D/C*	# Of Hours Worked Per Week For Firm (IC,OC or PT Only)	Date Joined Firm	CLE Hours

Use Additional Paper if more then 5 insured's. *O- Owners, Officers, Directors, Shareholders P- Partners PT- Part Time
IC- Independent Contractor A- Associate Attorney OC- Of Counsel

2. Current Insurance Information

Carrier: _____ Policy Effective Date: _____ Retroactive Date: _____
Deductible: _____ Limits of Liability: _____ Policy Premium: _____
Provide the number of years the firm has had continuous professional liability insurance coverage: _____

3A. Areas of Practice. Total 100% - based on time devoted in each area of specialty during the previous year. Grand Total most equal 100%. Express percentages in whole numbers next to the type of law practice, not the business of the client represented.

- | | | |
|--|---|--|
| _____ % Admiralty/Marine | _____ % Criminal | _____ % Real Estate - Title Work |
| _____ % Anti-Trust Trade Regulation | _____ % Domestic Relations | _____ % Real Estate - Condo Offering |
| _____ % Arbitration/Mediation | _____ % Entertainment | _____ % Securities - Federal* |
| _____ % Banking* | _____ % Environmental | _____ % Securities - State* |
| _____ % Bankruptcy | _____ % ERISA | _____ % Securities - Private Placements* |
| _____ % Bodily Injury/ Defense | _____ % Est. Plan/Probate/Trust/Wills | _____ % Securities - Bonds* |
| _____ % BI/PI Plaintiff Non Med Mal | _____ % Immigration | _____ % Social Security Disability |
| _____ % BI/PI Plaintiff Med Mal (see 3B below) | _____ % International Law | _____ % Tax Preparation |
| _____ % Collections Repossession | _____ % Investment Counseling | _____ % Tax Opinions |
| _____ % Copyright/Patent/TM* | _____ % Labor Relations | _____ % Workers Comp/Defense |
| _____ % Corporate (General) | _____ % Public Utilities | _____ % Workers Comp/Plaintiff |
| _____ % Corporate (Formation/Alt) | _____ % Real Estate - Residential | _____ % Other (Describe if over 5%) |
| _____ % Corporate (License/Permits) | _____ % Real Estate - Commercial | 100 % TOTAL (Most equal 100%) |
| _____ % Corporate (M/A) | _____ % Real Estate - Synd. Development | |

3B. If you have any BI/PI Plaintiff Med Mal, what is the average case value? _____ What is the max value? _____

4. Does the firm perform class action services? No Yes If Yes, Defense only? No Yes
5. Fee Suits in past 3 years: _____ Number of Support Staff: _____ If Solo, back up attorney? No Yes
6. Is the firm's docket and calendar control system: Dual? No Yes Computerized? No Yes
7. Does the firm issue engagement letters, declination letters, and disengagement letters on a regular basis? No Yes
8. In the past 5 years has any insurer declined, canceled, or non-renewed your professional liability coverage? No Yes
9. Has any attorney in the firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or have any disciplinary complaints or ongoing disciplinary investigations? No Yes
10. During the past 5 years, has any professional liability claim, suit or potential claim been made against any past or present attorney of the firm or are you aware of any act, error or omission that could give rise to a claim, potential claim or incident? If Yes, please provide details on separate sheet. No Yes