



QUICK QUOTE INDICATION

LAWYERS AND BANKRUPTCY TRUSTEES PROFESSIONAL LIABILITY

1. Name of Insured: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: (_____) _____ Website Address: _____

2. Date firm was established :(dd/mm/yyyy) _____ / _____ / _____ No. of Attorneys _____ No. of "Of Counsel" _____
* Please attached a sample letterhead with dates of hire next to each attorney's name or attorney scheduled roster

3. Please state coverage Limits and Deductibles requested for Professional Liability Insurance:
Current Carrier: _____ Renewal Date: ____ / ____ / ____ Premium: \$ _____
Limit requested: \$ _____ each claim \$ _____ Aggregate
Deductible requested: \$ _____ each Wrongful Act Prior Acts date requested: _____ / _____ / _____ (dd/mm/yyyy)
* Please attached expiring policy declarations page if available

4. Please state your 3 year **average** Total Gross Revenues: \$ _____

5. Areas of Practice by revenue percentages (percentages MUST total 100%)

| | | | | | |
|-----------------------------|---------|--------------------------------|---------|------------------------------|---------|
| Administration | _____ % | Labor Law - Mgmt | _____ % | Arbitration/Mediation | _____ % |
| Labor Law - Union | _____ % | Banking/Financial Institutions | _____ % | Mergers/Acquisitions | _____ % |
| Bankruptcy | _____ % | Municipal | _____ % | BI/PI Defense | _____ % |
| Real Estate – Commercial | _____ % | BI/PI Plaintiff | _____ % | Real Estate – Residential | _____ % |
| Civil Rights/Discrimination | _____ % | Elder Law / Social Security | _____ % | Collection/Repossession | _____ % |
| Tax - Corporate | _____ % | Corporate - Formation | _____ % | Tax – Individual | _____ % |
| Corporate - General | _____ % | Worker's Comp - Defense | _____ % | Criminal | _____ % |
| Worker's Comp – Plaintiff | _____ % | Domestic Relations | _____ % | Chapter 7 Bankruptcy Trustee | _____ % |
| Estate/Trust/Probate/Wills | _____ % | Chapter 13 Bankruptcy Trustee | _____ % | Healthcare | _____ % |
| OTHER | _____ % | (please describe) | _____ | | |

CHAPTER 7 AND 13 BANKRUPTCY TRUSTEES LIABILITY

| 6. | | Previous Year | Last Year | Estimate This Year |
|----|--|------------------|--------------|-----------------------|
| a. | No. of Bankruptcy Trustees: | _____ | _____ | _____ |
| b. | Average number of open cases: | _____ | _____ | _____ |
| c. | Average asset values in open cases: | \$ _____ | \$ _____ | \$ _____ |
| d. | Highest assets value of Trust handled: | \$ _____ | \$ _____ | \$ _____ |

7. Within the past 5 years, does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) or has any person or entity been subject of any professional liability claims, disciplinary actions, or been cited by any regulatory agency? Yes No
If "Yes", please complete a claim information supplement.

Signature of Applicant or Authorized Rep Title _____ Date _____

Return fully completed Application to:

Rich Carlson – rich@lakeside-insurance.com, Direct Line: 720-833-4547

