

# SmithBrothers.

Be sure.

## Lawyers Professional Liability Insurance Quick Quote Form

Fax both pages to: **860 657-1813**

Submitting Agent: \_\_\_\_\_

Agency: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Firm Retro Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

**Areas of Practice:** Please provide percentages of time devoted during the previous year in each area of practice (MUST TOTAL 100%).

%	%	%
___ Admiralty & Marine	___ Employment Law - Management Rep.	___ Other: (if more than 5%, explain)
___ Agent Practice/Entertainment Law	___ Employment Law - Union Rep.	___ Plaintiff Lit - Class Actions
___ Business Formation	___ Environmental Regulatory	___ Plaintiff Lit - Legal Malpractice
___ Business Transactions - General	___ Estate & Probate - General	___ Plaintiff Lit - Medical Malpractice
___ Civil Lit. - General	___ Estate Planning and Trust Admin.	___ Plaintiff Lit - Personal or Bodily Injury
___ Com. & Corp. General Lit. - Defense	___ Family Law / Juvenile Rights	___ Plaintiff Lit - Social Security, Workers Comp.
___ Com. & Corp. General Lit. - Plaintiff	___ Immigration	___ Public Utilities (not finance)
___ Corporate Finance	___ Intellectual Property	___ Real Estate - Finance
___ Creditor/Debtor Rights and Collections	___ Investment Advice	___ Real Estate Residential & Basic Commercial
___ Criminal Defense	___ Mediation, Arbitration	___ Schools & Education (not finance)
___ Defense Lit. - Insurance Carrier Rep.	___ Mergers & Acquisitions	___ Securities/Private Plcmnts/Public Regist. - # of Investors _____
___ Elder Law	___ Municipal - General (not finance)	___ Tax Preparation - Individual
___ Employee Benefit Plans, ERISA	___ Municipal - Finance or Bonds	___ Taxation (ex. estate tax & individual tax prep)
___ Employment Law - Employee Rep.	___ Oil & Gas, Mineral Rights	

Attorney Name	Individual Retro	Hours/Week-Part Time or Full Time (Part Time is 25 Hours/Week or Less)	Employment Status

1) Are you currently insured?  Yes\*  No \*If yes, Carrier \_\_\_\_\_ Premium \_\_\_\_\_

2) Check the limit and deductible options below that you are interested in seeing a quote for, you may select more than one:

a) Requested Limits of Liability (per claim/annual aggregate - listed in thousands):

\$100,000/\$300,000

\$250,000/\$750,000

\$500,000/\$1,500,000

\$1,000,000/\$2,000,000

\$2,000,000/\$4,000,000

Other \_\_\_\_\_

b) Deductible:

\$0

\$1,000

\$2,500

\$5,000

Other \_\_\_\_\_

3) Has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm?  Yes\*\*  No \*\*If yes, how many? \_\_\_\_\_ Name(s) of claimant(s): \_\_\_\_\_

\*\*A complete Claim Supplement form must be provided for each claim or suit

**\*\*NOTE:** This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application\*\*

