



LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY PREMIUM INDICATOR



INDIANA STATE BAR ASSOCIATION
Serving the legal profession and the public

We are the Endorsed Provider of Professional Liability Insurance to the Indiana State Bar Association

1154 Conner Street, Noblesville, IN 46060 phone (317) 770-3000 or (800) 581-8810 fax (317) 770-3010 www.ritmanassociates.com

Applicant Firm: _____ Date Established: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Contact Person: _____ County: _____
 Telephone: (____) _____ Fax: (____) _____ Website: _____

1. Areas of Practice

Express percentages of time devoted (billable hours) in each area during the previous year. Indicate percentage in whole numbers next to the type of law practiced, not the business of the client represented. **If a new firm, projections are acceptable.**

_____ Admiralty/Marine	_____ Intellectual Property (Patent, Trademark, Copyright)*
_____ Arbitration/Mediation	_____ Labor-Union/Employee
_____ Banking/Financial	_____ Labor-Management
_____ Business Transaction/Commercial Law	_____ Local Government
_____ Civil/Commercial Litigation Defense	_____ Natural Resources/Oil and Gas
_____ Civil/Commercial Litigation Plaintiff	_____ Personal Injury/Property Damage-Defense
_____ Civil Rights/Discrimination	_____ Personal Injury/Property Damage-Plaintiff
_____ Class Action/Mass Tort	_____ Real Estate - Commercial
_____ Collection	_____ Real Estate - Residential
_____ Bankruptcy	_____ Securities (SEC)*
_____ Construction	_____ Taxation
_____ Consumer Claims	_____ Estate Planning & Admin
_____ Corporate Business Organization	_____ Wills & Probate
_____ Criminal	_____ Workers' Comp. Defense
_____ Environmental Law	_____ Workers' Comp. Plaintiff
_____ Family Law/Divorce	_____ Other (Please Describe)
_____ Family Law/No Divorce	_____
_____ Government Contracts/Claims	_____
_____ Immigration/Naturalization	_____

*Request Intellectual Property and/or Securities Supplemental Application(s) from the Agent. **100 TOTAL Must Equal 100%**

Please provide a sample of firm letterhead and an unaltered copy of the current policy, if applicable.

Signature: _____
Date: _____

2. Attorney/Staff Information (attach separate sheet if necessary)

a. Attorneys

Attorney's Name	Date Joined Firm	Bar Admit Date	State Bar Number	Relation to Firm (use code)	Weekly Hours

CODES: [P] Partner [S] Solo [E] Employed Attorney [IC] Ind. Contractor [OC] Of Counsel

b. Total Number of Support Staff _____

3. Risk Management

Please indicate which of the following are utilized, or expect to be utilized: (check all that apply)

Client Communication:	Calendar/Docket Control:	Conflict of Interest:
<input type="checkbox"/> Engagement Letters	<input type="checkbox"/> Paper Calendar	<input type="checkbox"/> Single Index File
<input type="checkbox"/> Non-Engagement Letters	<input type="checkbox"/> Computer	<input type="checkbox"/> Computer
<input type="checkbox"/> Termination of Services Letters	<input type="checkbox"/> Dual Calendar	<input type="checkbox"/> Client Database
<input type="checkbox"/> Conflict Waivers	<input type="checkbox"/> Tickler System	<input type="checkbox"/> Other _____

4. Firm's Revenue (projected or prior fiscal year): _____

5. Fee Suits (filed against clients for unpaid legal fees in past 12 months) _____

6. Outside Interest Is any attorney noted above an officer, director, shareholder, member, have equity interest in or exercise fiduciary control of a client of the firm? Yes No

7. Current Insurance

Carrier: _____
 Expiration Date: _____ Retroactive Date: _____
 Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____
 Firm Size: _____

8. Claims/Incidents Information

a. Has any professional liability claim or suit been made in the past seven (7) years against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)? Yes No

TOTAL NO. OF CLAIMS _____

b. After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s)? Yes No

TOTAL NO. OF INCIDENTS _____

If "Yes", to a. or b., please attach a copy of the Claim Supplement you completed for the current Insurer and update as needed, or request the applicable form. A current loss run report from the current carrier may be required.

c. Has any current or former member of the firm ever been the subject of a reprimand or disciplinary action or refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association, administrative agency or regulatory body? Yes No