

# Toll-Free Fax

**To:** Kate / Joan

**From:** \_\_\_\_\_

**Fax:** 877-744-3291

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

**Phone:** 800-632-4591

**Firm:** \_\_\_\_\_

**Re:** Professional Liability

**Date:** \_\_\_\_\_

## Instructions:

- Complete Premium Indication form, including your firm's Retroactive Date
- Sign & fax toll-free to the Paul Goebel Group
- If you have any questions, please call our office at 800-632-4591

**Paul  
Goebel  
Group**

**Professional Liability Insurance - Premium Indicator**

Please Print or Type Information

1-800-632-4591  
 (616) 454-8257  
 Toll free fax (877) 744-3291



Applicant Firm	Date Established	
Address	Phone/Fax	
City	State	Zip
Contact Person	County	
Email		

**1. Category of Practice**

Describe Firm's practice by showing the percentage of gross billable dollars derived from the following:

Administrative _____	Estate Planning _____	Municipal Law _____
Adoptions _____	Estate/Trust/Probate _____	Oil/Gas Mining _____
Appellate _____	Family Law _____	Opinion Letters _____
Arbitration _____	Family Law-Monied or High-Profile Divorces _____	Patent, Trademark, Copyright Litigation _____
Banking _____	Fiduciary _____	Patent, Trademark, Copyright-Foreign _____
Bankruptcy _____	Foreclosures _____	Patent, Trademark, Copyright searches _____
BI/PI Defense _____	Foreign Law _____	Purchase or sale by Client of Business _____
BI/PI Plaintiff _____	Government Law _____	Real Estate Closings _____
Bonds _____	Guardianships _____	Real Estate Development _____
Civil Litigation Defense _____	Immigration _____	Real Estate Syndication _____
Civil Litigation Plaintiff _____	Insurance Defense _____	Savings and Loan _____
Civil Rights _____	International Law _____	Securities _____
Class Action Defense _____	Investment Counseling _____	Tax Opinions _____
Class Action Plaintiff _____	Juvenile _____	Tax Preparation _____
Collection _____	Labor/Management _____	Title/Commercial _____
Commercial Law _____	Labor Unions _____	Title/Residential _____
Construction Law _____	Limited Partnership Formation _____	Traffic _____
Corporate Formation _____	Lobbying _____	Worker's Comp. Defense _____
Corporate General _____	Mediation _____	Worker's Comp. Plaintiff _____
Corp. Mergers/ Acquisitions _____	Medical Mal. Defense _____	Wills _____
Criminal _____	Medical Mal. Plaintiff _____	
Entertainment _____	Money Management _____	
Environmental Law _____		

**Total of all categories MUST equal 100 %**

**2. Experience of Firms Attorneys**

a. Please list the number of attorneys in categories below as an expression of the number of years employed by the Applicant Firm.

Less than 6 months \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years+ \_\_\_\_\_

TOTAL \_\_\_\_\_

b. Total "Of Counsel" \_\_\_\_\_ Include only "of counsels" who are working for you less than 20 hours per week/1,000 hours per year. (Otherwise, include in Category A above.)

**3. Current Coverage**

Yes No

a. Are you currently insured?

If so the following *must* be provided:

b. Provide the date from which you have been continuously insured \_\_\_\_/\_\_\_\_/\_\_\_\_

c. Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Retroactive Date (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

d. If career coverage is provided for any attorney, list individual retroactive dates \_\_\_\_\_

**4. Carrier Information**

a. Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

b. Insurance Company \_\_\_\_\_

**5. Claims/Circumstances/Disciplinary**

Yes No

a. Have any claims/suits been filed against the Applicant Firm or any past or present employee thereof in the last 10 years?

b. Are you aware of any circumstance, act, error or omission that may give rise to a claim?

If "Yes" to A or B, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed.

**6. Has any member of the Applicant Firm been denied the right to practice or been found guilty of a breach of professional ethics?**

Yes No

If "Yes", please provide full details. \_\_\_\_\_

**7. Administrative Controls**

Yes No

a. Do you maintain a Docket Control System with at least two Independent date controls?

b. Is it computerized?

c. Do you maintain a Conflict of Interest Avoidance System?

d. Is it computerized?

e. Do you utilize engagement letters for new clients?

f. How many suits for fees have you filed in the last two years? \_\_\_\_\_ \$ Amount \_\_\_\_\_

**8. Please attach a copy of your letterhead.**

This form is for the purpose of providing your Firm with an estimate of premium cost. Coverage can only be bound after an application form is completed and accepted by the company.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

