

# 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 \_\_\_\_\_

Applicant Firm

**1. Have you advertised during the past 12 months through any of the following:** **Yes No**

- |                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| a. Television or Radio       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Yellow Pages or Newspaper | <input type="checkbox"/> | <input type="checkbox"/> |

*If yes to a., please describe. If yes to b., please attach copies of this advertising.*

**2. Personal Injury Caseload**

- a. Total number of Personal Injury cases during the past 12 months: \_\_\_\_\_
- b. Total number of Personal Injury cases during the past 3 years: \_\_\_\_\_

**3. Average case load per attorney in the past twelve months:** \_\_\_\_\_

**4. Percentage of cases settled before trial:** \_\_\_\_\_

**" " tried to conclusion:** \_\_\_\_\_ *Total MUST equal 100%*

**5. Settlements/Judgements**

- a. Largest settlement, judgement, or award in the last 24 months: \$\_\_\_\_\_
- b. Average dollar value of cases: \$\_\_\_\_\_ *Describe cases with settlements/judgements above \$500,000*

**6. Referrals**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Percentage of cases referred to you by other law firms: _____             | <b>Yes</b>               | <b>No</b>                |
| b. Percentage of cases you refer to other law firms: _____                   |                          |                          |
| c. Do you use written referral agreements in all cases involving referrals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you obtain certificates of insurance in all cases involving referrals? | <input type="checkbox"/> | <input type="checkbox"/> |

*If no to a. or b., please explain.*

**7. Plaintiff Litigation Information**

- a. What is the average number of years experience for the attorneys who practice plaintiff litigation? \_\_\_\_\_
- b. What percentage of your plaintiff cases are: *Total MUST equal 100%*

Automobile Accident	_____	Multi State (not Class Action)	_____
Class Action/Mass Tort	_____	Product Liability	_____
Legal Malpractice	_____	Slip and Fall	_____
Medical Malpractice	_____	Other*	_____
Multi Plaintiff (not Class Action)	_____	*	_____

**8. Class Action/Mass Tort Information**

- a. Number of cases certified in the last 3 years: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- b. Number of pending cases not yet certified: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- c. For each case in **a.** and **b.** above, please provide a brief description including:
- the number of class members
  - the actual or estimated value of the case
  - the defendant and the alleged cause of action
  - the defendant and the lead counsel, co-counsel, or other relationship to the case
  - the firm member(s) involved and their experience

**9. Product Liability, Multi-State or Multi-Plaintiff Information**

- a. Number of cases in the last 3 years: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- b. Number of cases pending: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- c. For each case in **a.** and **b.** above, please provide a brief description including:
- a description of the alleged defective product or alleged cause of action
  - the actual or estimated value of the case
  - the states and number of plaintiffs involved

**10. Medical Malpractice Information**

- a. Number of cases in the last 3 years: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- b. Number of cases pending: \_\_\_\_\_ Average value of cases: \$\_\_\_\_\_
- c. For each case in **a.** and **b.** above, please provide a brief description including:
- a description of the alleged malpractice
  - the actual or estimated value of the case

Signature of Firm Principal

Title

Date