



Fax to: 914-592-6508

Quick Quote Form

Name of Firm _____ Year Established _____
 Address _____ City _____ State _____ Zip _____
 Contact Person _____ Telephone () _____ / County _____
 Facsimile () _____ E mail Address _____ Website: www. _____

A. Indicate the percentage of gross billable dollars by area of practice for the last fiscal year.

Admiralty/Marine	___%	Environmental	___%	Real Estate - Condo Offering	___%
Anti-Trust Trade Regulation	___%	ERISA	___%	Securities - Federal	___%
Arbitration/Mediation	___%	Est. Plan/Probate/Trusts/Wills	___%	Securities - State	___%
Banking	___%	Immigration	___%	Securities - Private Placement	___%
Bankruptcy	___%	International Law	___%	Securities - Bonds	___%
Bodily Injury/Defense	___%	Investment Counseling	___%	Social Security Disability	___%
Bodily Injury/Plaintiffs	___%	Labor Relations	___%	Tax Preparation	___%
Collection Repossession	___%	Public Utilities	___%	Tax Opinions	___%
Copyright/Patent/TM	___%	Real Estate - Residential	___%	Workers Comp/Defense	___%
Corporate	___%	Real Estate - Commercial	___%	Workers Comp/Plaintiff	___%
Criminal	___%	Real Estate - Synd. Devel.	___%	OTHER (Describe if over 5%)	___%
Domestic Relations	___%	Real Estate - Title Work	___%	TOTAL (Must equal 100%)	___ 100%

- B.**
1. Do you handle class action suits? Yes ___ No ___
 2. a) If you litigate, what is your average annual caseload per attorney? ___
 b) What is the average dollar amount per case? \$ _____
 c) What percent is Medical Malpractice? _____% Auto/Slip & Fall _____% Other _____%
 3. Number of claims in last 5 years _____ Date of Claim(s) _____ Total Amount Paid? _____
 4. Number of Docket Control Systems _____ Computerized? Yes ___ No ___
 5. Do you have a conflict avoidance system? Yes ___ No ___
 6. Have any attorneys been disbarred or been the subject of any type of disciplinary action? Yes ___ No ___
 If yes, attach explanation.
 7. Do you use:
 a) Engagement letters? Yes ___ No ___
 b) Non-engagement letters? Yes ___ No ___
 c) Dis-engagement letters? Yes ___ No ___
 8. Does any client account for more than 25% of your gross billings? Yes ___ No ___
 9. How many times have you sued to collect fees in the last 3 years? _____

C) CURRENT COVERAGE: (Complete all items)

Carrier: _____ Limits: _____

Expiration Date: _____ Deductible: _____

Retroactive or Prior Acts Date: _____ Premium: _____

D) LAWYERS DETAIL

1) How many non-lawyer employees do you have? Full Time _____ Part Time _____

2) Please list all covered lawyers:

Name of Lawyer <i>State the full name of each lawyer</i>	*Designated Codes (Complete Below for OC)	Date Admitted to Bar MM/YY	Date of Hire by Applicant MM/DD/YY	Number of Years Covered by Professional Liability Insurance	Total Number of CLE Hours Taken During the Past Year

*Designated Codes: **O** - Officer or Director **P** - Partner **OC** - Of Counsel or Per Diem or Independent Counsel
S - Sole Proprietor **E** - Employed Lawyer

3) Please list OC/IC and Additional Information:

Name of OC/IC	Average number of weekly hours spent on behalf of the Applicant	Is this lawyer a prior partner, officer, director, shareholder or employee of the Applicant? Y / N	Does this lawyer carry his/her own individual professional liability coverage? Y / N



45 Knollwood Road • 2nd Floor
 Elmsford, NY 10523
 Phone 914-592-6505 • Fax 914-592-6508