

YES! I'd like to know more about the Pearl Insurance Lawyers Professional Liability Program. Please send me a **NO-OBLIGATION** premium estimate or bindable quote.

Precise, Legally Registered Firm Name: _____

Contact Name: _____

Contact Email: _____

Do you use a DBA? Yes No *If yes, provide name:* _____

Primary Physical Practice Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Firm Phone: _____ Number of Attorneys: _____

Firm Website: _____ Year Firm Established: _____

SIGNATURE AREA TO BE COMPLETED ONLY BY A PRINCIPAL ATTORNEY (ONLY SOLO, OWNER, OR PARTNER)*

Signature: X _____ Print Name: _____ Date: _____

**Wet signature (ink or Adobe Sign) requested for faster processing*

ATTORNEY INFORMATION (All OC/IC Attorneys MUST be included)

Attorney's Legal Name ¹	Earliest Bar Admission Date	Date Joined Firm (M/D/Y required)	Atty Designation (choose ONLY from options below)	Avg Weekly Hours	States Currently Licensed	For OC/IC: Does OC/IC Have Separate E&O Insurance?
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				
	/ /	/ /				

¹For additional attorneys, please attach a separate page.

Atty Designation Codes: [O] Owner [P] Partner [S] Solo [A] Associate [IC] Independent Contractor [OC] Of Counsel

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 you practice, not the business of the client you represent. **Total Must Equal 100%.**

- | | | |
|--|--|---|
| <input type="checkbox"/> % Admiralty/Marine Defense | <input type="checkbox"/> % Environmental Law | <input type="checkbox"/> % Real Estate/Title—Residential over \$1M |
| <input type="checkbox"/> % Admiralty/Marine Plaintiff | <input type="checkbox"/> % Family Law | <input type="checkbox"/> % Real Estate/Title—Commercial under \$1M |
| <input type="checkbox"/> % Anti-Trust Trade Regulation | <input type="checkbox"/> % Government Contracts/Claims | <input type="checkbox"/> % Real Estate/Title—Commercial over \$1M |
| <input type="checkbox"/> % Bank/Financial Institutions | <input type="checkbox"/> % Immigration/Naturalization | <input type="checkbox"/> % Securities (SEC)* |
| <input type="checkbox"/> % Bankruptcy | <input type="checkbox"/> % Intellectual Property (Patent, Trademark, Copyright)* | <input type="checkbox"/> % Taxation |
| <input type="checkbox"/> % Business Transaction/Commercial Law | <input type="checkbox"/> % International Law | <input type="checkbox"/> % Wills, Estates, Probates, & Trust under \$2M |
| <input type="checkbox"/> % Civil/Commercial Litigation Defense | <input type="checkbox"/> % Labor Law—Union Representative | <input type="checkbox"/> % Wills, Estates, Probates, & Trust over \$2M |
| <input type="checkbox"/> % Civil/Commercial Litigation Plaintiff | <input type="checkbox"/> % Labor Law—Management Representative | <input type="checkbox"/> % Workers' Comp. Defense |
| <input type="checkbox"/> % Civil Rights/Discrimination | <input type="checkbox"/> % Local Government | <input type="checkbox"/> % Workers' Comp. Plaintiff |
| <input type="checkbox"/> % Collection | <input type="checkbox"/> % Natural Resources/Oil and Gas | <input type="checkbox"/> % Other _____ |
| <input type="checkbox"/> % Construction (Building Contracts) | <input type="checkbox"/> % Personal Injury/Property Damage—Defense | |
| <input type="checkbox"/> % Consumer Claims | <input type="checkbox"/> % Personal Injury/Property Damage—Plaintiff* | |
| <input type="checkbox"/> % Corporate Business Organization | <input type="checkbox"/> % Real Estate/Title—Residential under \$1M | |
| <input type="checkbox"/> % Criminal | | |

% **TOTAL (must equal 100%)**

**Supplement Required*

ADDITIONAL INFORMATION (Answers requiring additional space should be attached as a separate page)

1. Does your firm currently carry liability insurance? Yes No
If yes, please fill in the following information. If no, indicate desired amount limit/deductible.
Carrier: _____ Premium: \$ _____ Expiration Date: ____ / ____ / _____
Retroactive Date (Prior Acts): ____ / ____ / _____ Limit: \$ _____ per claim/ _____ aggregate Deductible: \$ _____
My current policy has: CEOL (Claims Expense Outside Limit) FDD (First Dollar Defense) Cyber Liability
- Is any attorney in the firm aware of:*
2. A professional liability claim made in the past five years against them, the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm?..... Yes No
If yes, a currently dated five-year loss run will be required along with claim supplements for any open and/or paid matters.
3. An actual or alleged action, omission, circumstance, or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the attorney or firm, regardless of whether any such claim would be meritorious? Yes No
4. Within the past five years, has any attorney been subject to any disciplinary inquiry, complaint, or proceeding for any reason, including non-payment of dues?..... Yes No
5. Has any attorney ever been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any other way? Yes No
If yes, details/documentation are required.
6. Has the firm ever been declined coverage or had coverage canceled or nonrenewed?..... Yes No
If yes, explain and provide copy of nonrenewal notice. Please note, this question is not applicable in Missouri.
7. Has the firm provided any marijuana/cannabis law-related services in the past five years? Yes No
If yes, please specify services.
8. Has the firm provided any types of services to high profile clients in the past year (athletes, performers, publishers, authors, designers, etc.)? Yes No
9. Were less than 50% of your past year's billings/revenues derived from legal services performed under the jurisdiction of the state listed on this application? Yes No
10. Has the firm been involved in any Mass Tort/Class Action cases in the past five years?..... Yes No
If yes, check all that apply: Plaintiff Defense Both
11. Does your firm have any single client that represents more than 50% of the firm's billings?..... Yes No
If yes: Client Name: _____ What percent of your past year's billings did this client comprise? _____ %
What legal services were rendered? _____
12. Last Fiscal Year's Gross Revenues: \$ _____ 13. Estimated Revenue for Next 12 Months: \$ _____
14. What % of your accounts receivable are outstanding for greater than 90 days? _____ %

RISK MANAGEMENT

15. Does the firm have a docket control system with at least two independent date controls? Yes No If no, please explain why: _____
16. Does the firm regularly use the following client communication letters? Non-engagement Termination Engagement
 Fee Agreements Declination *If no engagement/fee agreement letters used, please explain why:* _____
17. What type of system does the firm use to prevent a conflict of interest with clients? Computer Conflict Committee Index File
 Oral/Memory Other (explain) _____
18. How many fee suits were filed to collect on unpaid client bills over the past two years? _____ Avg value of unpaid fees: \$ _____
19. Total number of NON-ATTORNEY support staff: _____
20. Does the firm currently have standalone cyber insurance? Yes No
If yes, declarations page of that policy is required to receive a potential premium discount; please attach.

Please return complete form, a sample copy of the firm's engagement letter, and a copy of your current policy to Pearl Insurance.

Send via email at salesleads@pearlinsurance.com, by fax at (866) 817-9009, or by mail to Pearl Insurance, 1200 E. Glen Ave., Peoria Heights, IL 61616.