



I'd like to know more about the Pearl Insurance Lawyers Professional Liability Program. Please send me a **NO-OBLIGATION** premium estimate and new business application.

Firm Name: \_\_\_\_\_ Number of Attorneys: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_ Year firm established: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature:  \_\_\_\_\_ Date: \_\_\_\_\_



Please fill out and fax the completed form to **866.817.9009**

**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%**.

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

\* Supplement Required

**ATTORNEY INFORMATION**

Attorney's Name*	Bar Admission Date	Date Joined Firm	Relation to Firm (Use codes below)	Number of Weekly Hours
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

\* For additional attorneys, please attach a separate page.

CODES: [O] Officer [P] Partner [S] Solo [E] Employed Attorney [IC] Independent Contractor [OC] Of Counsel

**INSURANCE HISTORY—Professional Liability (Please attach copy of your Declarations Page)**

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)  
**Do you have General Liability Insurance?**  Yes  No  
 If "Yes," please provide your: Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If bare, provide requested limits & deductible options)  
 Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

**INSURANCE HISTORY (continued)**

- Any claims in the past five years?**  Yes  No  
 If "Yes," please complete the Claims Supplemental Application for each claim or incident.
- Within the past five years, has any attorney been subject to any disciplinary complaints?**  Yes  No  
 If "Yes," complete the Disciplinary Supplement for each complaint.
- Has the firm ever been non-renewed, canceled, or declined coverage?**  Yes  No  
 If "Yes," explain: \_\_\_\_\_
- Has the firm been involved in any mass tort/class action cases in the past five years?**  Yes  No  
 If "Yes," complete the Mass Tort/Class Action Supplemental Application.
- Does your firm have any one client which represents more than 50% of the firm's billings?**  Yes  No  
 If "Yes," provide Client: \_\_\_\_\_, Gross Billings % \_\_\_\_\_, Services Rendered: \_\_\_\_\_
- Does the firm confirm representations in writing via use of formal engagement letters?**  Yes  No  
 If "Yes," provide a sample engagement letter on firm letterhead.  
 If "No," explain: \_\_\_\_\_

**ADDITIONAL INFORMATION (Answers requiring additional space should be attached as a separate page. Please reference the question number.)**

1. Does your docket system consist of the following:
  - Single Calendar  Dual Calendar
  - Tickler Cards  Computer
  - Master Listing  Other (explain)
2. Does ultimate responsibility of docket control rest with the lawyer?  Yes  No
3. How frequently is the docket system cross-checked?  Daily  Weekly  Monthly
4. What type of system does the firm use to prevent a conflict of interest with clients?
  - Computer  Index File
  - Conflict Committee  Oral/Memory
  - Other (explain)
5. Are all conflicts disclosed in writing?  Yes  No
6. Does your firm use the following client communication letters for all clients?
  - Non-engagement  Engagement
  - Termination  Fee Agreements
  - Declination
7. How many suits for the collection of fees were filed during the past fiscal year? \_\_\_\_\_
8. Are there any predecessor firms that the current firm has assumed 50% or more of the assets and liabilities of?  Yes  No  
 If yes, please list the name of the predecessor firm and the % of assets and liabilities assumed.
9. Does any attorney of the firm serve as an outside director or officer and/or have any ownership interest in a client?  Yes  No  
 If you answered yes to Question 9, please supply outside interest supplements that you have completed for your current carrier.
10. Number of non-attorney staff:
  - \_\_\_\_\_ Law Clerks/Paralegals
  - \_\_\_\_\_ Secretarial/Clerical/Other

**NOTE:** This form is for estimating purposes only. Coverage may be bound only upon submission and acceptance of a completed application.