

**Professional Resource Insurance Agency, LLC**

Phone: (888) 998-7742

Fax to (888) 209-7554 or Email to: dhamid@priabrokers.com

License: 0C68433

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Contact: \_\_\_\_\_ Effective: \_\_\_\_\_

**Attorney Information:** (for additional attorneys, please use separate sheet)

Number	Attorney Name	Status W/Firm	Years In Practice	Date Joined Firm	Attorney Retro Date	Hours Per Week	CLE Hrs	CLAIMS	
								Yes	No
1.									
2.									
3.									
4.									
5.									

**Area of Practice Percentages (must total 100%)**

Administrative %	Family Law %	Patent %
Admiralty/Maritime %	Employee Benefits %	Public Utilities %
Antitrust/Trade Regulation %	Entertainment %	Real Estate – Commercial %
Arbitration/Mediation %	Environmental %	Real Estate – Residential %
Banking/Financial Institutions %	Estate/Probate/Trusts/Wills %	School Law %
Bankruptcy %	Foreign/International %	Securities (include bond work) %
BI/PI Defense %	Healthcare %	Social Security/Disability %
BI/PI Plaintiff %	Insurance Defense %	Tax – Corporate %
Civil Rights/Discrimination %	Investments/Money Mgmt %	Tax – Individual %
Collection/Repossession %	Labor Law/Management %	Water Rights %
Communication/FCC %	Labor Law/Union %	Work Comp – Defense %
Corporate – Form/Alter %	Mergers & Acquisitions %	Work Comp – Plaintiff %
Corporate – General %	Municipal %	Other (describe) %
Criminal %	Oil/Gas/Minerals %	

Is any of the firm’s work Class Action/Mass Tort? If yes, please describe: \_\_\_\_\_

Current Insurance: (If no current insurance check here: \_\_\_\_\_)

Carrier: \_\_\_\_\_ Term: \_\_\_\_\_ to \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_ 1<sup>st</sup> Covered Since: \_\_\_\_\_

**Firm Claim Profile:** In the last five (5) years has any attorney in the firm (past & present) had any:

- 1) Claims: \_\_\_ Yes \_\_\_ No \_\_\_ Number      2) Potential Claims: \_\_\_ Yes \_\_\_ No \_\_\_ Number
- 3) Disciplinary Actions: \_\_\_ Yes \_\_\_ No \_\_\_ Number include sanctions, investigations, reprimands, etc.
- 4) Had coverage declined, canceled or non-renewed by any professional liability insurer? \_\_\_ Yes \_\_\_ No
- 5) Does the firm sue clients for fees? \_\_\_ Yes \_\_\_ No \_\_\_ Number in last three years

**Coverage Requested:** Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Claim Expenses: \_\_\_\_\_

This form is used for an estimate only. Coverage may not be available in some circumstances. Please call if you have any questions.

Toll-Free: 1-888-998-PRIA | Fax : (888) 209-7554 | Email: dhamid@priabrokers.com

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