

Lawyers Malpractice Insurance Indication Form

Anchorpoint Insurance Services

Firm Name: _____
 Principle Address: _____ City _____ St _____ Zip _____
 Contact: _____ Email: _____ Phone: _____

Practice Profile: Please provide the percentages of billings given for each area of practice. (totaling 100%)

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Criminal | <input type="checkbox"/> Mass Tort/Class Action |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Domestic | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Personal Inj – Plaintiff |
| <input type="checkbox"/> Business Transaction/Contract | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Personal Inj – Defense |
| <input type="checkbox"/> Civil Rights & Discrimination | <input type="checkbox"/> Estate Trust & Probate | <input type="checkbox"/> Real Estate Commercial |
| <input type="checkbox"/> Collection & Repossession | <input type="checkbox"/> Financial Institution/Banking | <input type="checkbox"/> Real Estate Residential |
| <input type="checkbox"/> Commercial Lit Defense | <input type="checkbox"/> Government Contract & Claims | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Commercial Lit Plaintiff | <input type="checkbox"/> Immigration & Naturalization | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Construction/Building Contracts | <input type="checkbox"/> Insurance Defense | <input type="checkbox"/> Workers Comp – Plaintiff |
| <input type="checkbox"/> Consumer Claims | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Workers Comp – Defense |
| <input type="checkbox"/> Corporate Administrative | <input type="checkbox"/> International Law | <input type="checkbox"/> Other |
| <input type="checkbox"/> Corporate & Business Organization | <input type="checkbox"/> Labor Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Corporate Mergers & Acquisitions | <input type="checkbox"/> Labor / Union Employee | |

Expiration Date: _____ Date firm Established _____ Prior Acts Exclusion Date _____
 Current Carrier: _____ Limits _____ Deductible _____
 Premium: _____ How many attorneys _____ Of Counsels/Independent Contractors _____

Attorney Name	Attorney Status	Date Admitted	Date Hired

Risk Management: (Please check all that apply.)

Docket Control – Single Calendar _____, dual calendars _____, tickler _____, computer _____
 Does the firm have a conflicts of interest system in place? _____ Is it computerized? _____
 Communication letter: Engagement Letters _____ non-representation _____, monthly billing _____, conflict waivers _____
 Do you share office space with other firms? _____ If yes, does the firm share letterhead? _____

Outside Exposures: Does any attorney in the firm serve as director, officer, or employee of any client? _____
 Do any attorneys have a financial interest in any client of the firm? _____

Claims Information: 1) How many claims, incidents, demands, and/or disciplinary matters have been made against your firm or any past partners, employees or “of counsel” in the last 5 years? _____
 2) How many incidents, circumstances, errors, omissions or offenses, which may result in a claim being made against your firm, are you aware of? (That has not been indicated above.) _____