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PREMIUM INDICATION FORM

Please attach your most recently completed application material which will supplement the material below.

1. _____

NAME OF FIRM	YR. FIRM EST.	
PHYSICAL ADDRESS	SIGNATURE	
CITY	STATE	COUNTY
BUSINESS PHONE	BUSINESS FAX	
CONTACT PERSON	EMAIL ADDRESS	

IS FIRM:

SOLE PRACTITIONER

PARTNERSHIP

PROF. CORPORATION

OTHER

2. **PROVIDE INFORMATION ON ALL ATTORNEYS THAT RENDER SERVICES ON BEHALF OF THE FIRM**

NAME OF ATTORNEY(S)	Principal Associate Of Counsel	Ind. Cont.	States Licensed to Practice	Date Admitted To Bar Month/Year	Date Joined Firm Month/Day/Year	Number of Hours Worked Per Week
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

PROVIDE THE SAME INFORMATION ON ADDITIONAL ATTORNEYS BY ATTACHMENT

3. IS THE FIRM CURRENTLY INSURED: IF YES, WHAT IS THE PRIOR ACTS EXCLUSION DATE, if any _____ mm / dd / yy

Insurance Company	Limits of Liability	Deductible Amount	Premium Paid	Expiration Date Month / day /year

4. Please select the limits and deductible desired:

Limits: Per Claim / Policy Aggregate		Deductible
<input type="checkbox"/> \$100,000 / \$300,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> Other please specify: \$		<input type="checkbox"/> Other please specify: \$

5. If you are a sole-practitioner, do you have a back-up attorney? Yes No
6. Number of support staff: Paralegal / Law Clerk _____ Secretarial _____ Other _____
7. Is the firm's date/docket control system computerized? Yes No
8. Does the firm have a conflict of interest avoidance system? Yes No
9. Indicate percentage of time the firm utilizes:
- a) An engagement letter/contract when accepting a new client? _____ %
- b) A non-engagement letter when declining to represent? _____ %
- c) A disengagement letter when concluding a matter? _____ %
10. How many suits for collections of attorney's fees have been filed by the firm in the last 24 months? _____
11. Has any attorney been the subject of a reprimand, disciplinary action or grievance in the past 5 years? **If yes, provide details by attachment.** Yes No
12. Has any attorney ever had malpractice coverage cancelled or non-renewed? **If yes, provide details by attachment.** Yes No
13. Has the firm or any of its attorneys had a claim, suit or incident in the past 5 years? **If yes, provide details by attachment.** Yes No
14. Please indicate percentage of time your firm devotes to the following areas of practice:

Admiralty / Marine - Defense	%	Litigation	
Admiralty / Marine - Plaintiff	%	Class Action – Defense	%
Anti-Trust / Trade Regulation	%	Class Action – Plaintiff	%
Arbitrator / Mediator	%	General Commercial – Defense	%
Appellate Law	%	General Commercial – Plaintiff	%
Banking / Regulatory	%	Insurance Defense	%
Bankruptcy	%	Personal Injury/Prop Damage – Defense	%
Business Transactions/Corporate Law		Personal Injury/Prop Damage – Plaintiff	%
Administrative	%	Workers' Compensation – Defense	%
Formation of Entities	%	Workers' Compensation – Plaintiff	%
General Contract Negotiation	%		
Mergers & Acquisitions	%	Local Government/Municipal (not bonds)	%
		Natural Resources/Oil & Gas	%
Civil Rights / Discrimination	%	Public Utilities	%
Collections	%	Real Estate	
Construction (Building Contracts)	%	Real Estate - Commercial	%
Consumer Claims	%	Real Estate - Development	%
Criminal	%	Real Estate - Foreclosure	%
Entertainment	%	Real Estate - Residential	%
Environmental Law	%	Real Estate - Title Work	%
ERISA/Pension/Employee Benefits	%	Real Estate - Syndication	%
Family Law			
Adoption		School Law	%
Divorce – marital assets < \$500,000	%	Securities (SEC, Blue Sky, Bonds)	%
Divorce – marital assets > \$500,000	%	Taxation	
Elder Law	%	Business	%
Guardianship/Juvenile	%	Individual	%
Social Security	%	Tax Litigation	%
Govt. Contracts/Claims	%	Opinions	%
Healthcare – Regulatory Compliance	%	Wills, Estate, Trust, Probate & Planning	
Immigration/Naturalization	%	For assets < \$500,000	%
Intellectual Property	%	For assets > \$500,000	%
International Law	%	Other (please describe):	
Labor/Employment – Management	%		%
Labor/Employment – Employee or Union	%	Total	100 %

PLAINTIFF PRACTICE SUPPLEMENTAL QUESTIONS

Please complete these questions if your firm handles any personal injury, automobile Accident, slip/fall, class-action, medical malpractice, product liability plaintiff cases. ***If you have completed a Supplement like this one for another carrier within the last year, please simply send us that material in lieu of answering the questions below.***

1. Have you advertised during the past 12 months through any of the following:

Television	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newspaper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow Pages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Total number of personal injury cases your firm has handled during the past 12 months: _____
3. Average number of personal injury cases each attorney at your firm handles per year _____
4. Percentage of your plaintiff cases that are:

Settled before trial? _____%	Cases tried to conclusion? _____%
Referred to you by other law firms? _____%	
5. Do you use written referral agreements in all cases which are referred to you? Yes No
6. Do you use written referral agreements in all cases which are referred out by you? Yes No
7. Do you obtain certificates of insurance in all cases which are referred out? Yes No
8. Do you use Settlement Authority Agreement forms (signed by your client) when settlements are reached? Yes No
9. Average dollar value of your firm's plaintiff cases:

<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,000 – \$100,000	<input type="checkbox"/> \$100,001 - \$500,000
<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> Other _____	
10. What percentage of your plaintiff cases are:

_____ % Class Action Suit	_____ % Legal Malpractice	_____ % Automobile Accident
_____ % Medical Malpractice	_____ % Product Liability	_____ % Slip and Fall
_____ % Other		
11. With respect to your answer in question 10, please state the maximum dollar value of any one case:

\$ _____ Class Action Suit	\$ _____ Legal Malpractice	\$ _____ Automobile Accident
\$ _____ Medical Malpractice	\$ _____ Product Liability	\$ _____ Slip and Fall
\$ _____ Other _____		
12. Percentage of recovery your firm takes as fee: _____
13. Please attach a description of any class action litigation the firm has handled in the last three (3) years.

ESTATE/TRUST SUPPLEMENTAL QUESTIONS

Complete these questions only if a percentage of practice was listed in question #15 in the **Wills, Estate, Trust, Probate & Planning** section of the Estimate Form. ***If you have completed a Supplement like this one for another carrier within the year or two, please simply send us that material.***

1. List the Top Three largest Estates/Trusts to which the firm provided legal services in the previous 12 months:

Name	Attorney	Approximate Value
1.		
2.		
3.		

- a. What services are provided for the clients?

- b. Does work performed include business formation, management, or other business transactions? Yes No

2. Does any one Estate/Trust client account for 10% of an attorney's annual billings? Yes No If yes, percent of revenue: _____
3. Does your estate practice include a file review by a second attorney not involved in drafting on all new wills? Yes No
4. Does any attorney currently serve as Executor/Personal Representative of an estate or Trustee of a trust (not including family related matters)? Yes No

If yes, provide a list by attorney with: Name of Estate/Trust, approximate value, description of services provided.