



- A. Please complete all parts of this form and return with a sample of the firm's letterhead noting this is not an application for coverage. The information provided will be used to prepare a premium indication only. The terms will be subject to receipt and favorable review of a fully completed application and applicable supplements in order to offer a premium quotation.
- B. Please return the completed form to USI Affinity at 120 Broadway, 11th Floor, Suite 1140, New York, NY 10271. Or fax or email to the attention of Joe Rivera: Fax: 610.537.4650 Email: AffinityBrokers@usi.biz
- C. If you have any questions, please call Joe Rivera at 917.551.8575.

1) Name of Firm: _____ Year Est.: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

2) Current Insurance

Carrier	Limit	Deductible	Premium	Policy Term (From – To)*

(MM/DD/YYYY).

*Note, if firm presently does not have coverage please confirm the firm's desired effective date _____

3) Attorneys (If not enough room for additional Attorneys, please attach by addendum)

Attorney Name	D/C*	Retroactive or Prior Acts Date	Social Security Number/Bar Number	Years In Practice	Date Joined Firm (mm/dd/yyyy)	Average # of hours worked/ week

*Designation Codes (D/C) O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers, S = Sole Proprietor, E = Employed lawyers, C = Of Counsel Attorneys, I/C = Independent Contractors, PT = Part-Time lawyers (work less than 26hrs/week on average for firm)

4) If applying as a Sole Practitioner for **Part Time Coverage**, are you are employed in any capacity other than working as a Part Time Lawyer as applied for herein? Yes No N/A

5) Claims/Incidents/Disciplinary Matters:

a) Has any professional liability claim or suit been made in the past five years against the firm or its predecessor or any current or former member of the firm or it's predecessor firm(s)? Yes No Total Number: _____

b) After inquiry, does any firm member know of any circumstance, situation, act or error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) or any of the current or former members of the firm or its predecessor firm(s) in the past five years?
Yes No Total Number: _____

If 'yes' response to either 5a or 5b, please attach a copy of the Claim Supplement you completed for your current insurer and update as needed. If needed, please contact us for a copy of a Claim Supplement to provide details on the matter(s).

c) During the past ten years has any Attorney in Question 3 above or employee of the Applicant been the subject of a criminal action, reprimand, disciplinary action, bar complaint, investigation, or other ethics proceeding? Yes No Note, if yes – please provide firm’s explanation of matter or copy of complaint with the firm’s response and an update as to the status of the matter with Grievance Committee.

d) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association? Yes No

6) **Suits for Fees:** How many suits for the collection of fees have been filed against clients in the past 5 years? _____

7) **Other Offices:** Please list other offices of the firm not listed in this form by addendum

8) **Administrative Controls:**

- a) Does the firm maintain a Docket Control System with at least two Independent date controls? Yes No
- b) Is one of the controls computerized? Yes No
- c) Does any single client represent 50% or more of the firm’s gross billings? Yes No
- d) Does firm maintain a conflict of interest system? Yes No

9) Please attach a sample of the firm’s letterhead

10) **Percentage of Firm’s Income Derived from the following Areas of Practice for last fiscal year:(If this is a new firm, estimate income going forward):**

AREA OF PRACTICE PERCENTAGES (Must total 100%)			
Admiralty/Maritime		Government (Federal/State/Lobbying)	
Antitrust/Trade Regulation		Healthcare	
Aviation		Immigration	
Bankruptcy		Insurance Defense Litigation	
Business Transactions- Commercial Law		Insurance Other (Coverage, Regulatory, Subrogation)	
Civil Rights		Labor Law – Union Related Work	
Collection		Medical Malpractice - Defendant	
Commercial Practice – Business Litigation		Medical Malpractice - Plaintiff	
Communications / Media		Workers Compensation - Defense	
Construction Law		Workers Compensation - Plaintiff	
Consumer Claims		Oil & Gas	
Copyright /Trademark		Patent	
Corporate – Business Formation/Alteration		Personal Injury – Defendant	
Corporate – Business Transactions/Advice		Personal Injury - Plaintiff	
Criminal		Public Utilities	
Disability/Social Security		Real Estate – Commercial	
Elder Law		Real Estate - Residential	
Employment		Securities Law (Except corporate formation)	
Entertainment		Taxation	
Environmental		Tax Shelters	
Estates/Wills/Trust/Probate		Workers’ Compensation - Defendant	
Family Law		Workers’ Compensation - Plaintiff	
Financial Institutions		Other	

11) Does the firm handle or represent or engage in any **Mass Tort or Class Action** work? Yes No

12) If the firm has stated any percentage of **Medical Malpractice - Plaintiff** work in the area of practice chart above, please advise if it handles any of the following areas of work:

- Wrongful Death Yes No Total Disability Yes No OB/GYN Yes No
- Pediatrics Yes No Nursing Homes Yes No Oncology Yes No

b) If the firm has Fee Arrangements for Medical Malpractice cases referred to another firm, please describe the follow up procedures in place for the referred matter(s) and confirm the recipient firm maintains professional liability insurance: _____

I represent that the information contained herein is true and that this form is for estimate purposes only. Coverage can only be bound after the carrier’s fully completed application and applicable supplements has been submitted and approved by the carrier.

Signature: _____

Date: ____/____/____
mm dd yyyy

Print Name: _____

Title: _____