

## Lawyers' Professional Liability Program Indication Request Form This form is for a non-binding indication based upon this preliminary information. It is not intended to be a binding

This form is for a non-binding indication based upon this preliminary information. It is not intended to be a binding quote for the firm's acceptance of insurance coverage. To determine the firm's qualification for a binding quote, we will need a fully completed, signed and dated application with any supplemental information.

Contact Information							
m:							
City:	State: Zip: Cou			unty:	Phone:		
Fax:Email:	Website:						
Insurance History							
Current Carrier:		Expiration	Date:/	/L	imits:/		
Deductible:	Retroactive Date:/			_/ A	Annual Premium:		
Attorney Information							
Name of Attorney		Date of Hire	Bar Admission Date		Position	Avg. Weekly Hours	
1.							
2.							
3.							
4.							
* Please list additional attorneys on a separate sheet of paper*							
Area of Practice Information							
Administrative Law	%	Financial Institution		%	Natural Resources	%	
Admiralty Law	%	% Financial Planning		%	Pension and Employee Benefits	%	
Antitrust/Trade	%	% Government Contracts/Relations			Pers. Injury and Neg Def.	%	
Civil Rights/Discrimination	%	% Healthcare			Pers. Injury and Neg Pltf.	%	
Collection/Bankruptcy	%	% Immigration and Naturalization			Plaintiff Class Action	%	
Construction Law	%	Insurance		%	Plaintiff Mass Tort	%	
Consumer Law	%	IP - Patent/Trademark		%	Real Estate/Title Agent - Res.	%	
Corp. & Business Transactions	%	IP - Copyright		%	Real Estate/Title Agent - Com.	%	
Criminal	%	International Law		%	Securities Law	%	
Employment Law - Defense	%	Labor - Mgmt. Represe	entation	%	Taxation - Opinions	%	
Employment Law - Plaintiff	%	Labor - Labor Represer	ntation	%	Taxation - Other %		
Entertainment/Sports	%	Com. and Business Lit.	- Def.	%	Work Comp Def. %		
Environmental Law	%	Com. and Business Lit.	- Pltf.	%	Work Comp Pltf.	%	
Estate/Probate/Trust	%	Mediation Arbitration		%	Other	%	
Family Law	%	% Mergers & Acquisitions			Total (must equal 100%)		
Operations Information							
1. How many suits to collect unpaid fees have you filed against your clients during the last year?:    Do you have a docket system with at least two independent date controls?:   Yes							
Return to: Mike.Mooney@usiaffinity.com  Completed by (print):  Signature:							
<b>Return fax:</b> 610.537.2057		Signa	ture:				