

How to Submit This Application to Lockton Professional

1) Before filling out the form fields, save a copy of the application to your computer with a new file name. 2) Open the copy of the application that you just saved. Complete the form fields and save. 3) Email the saved application to professional@locktonaffinity.com. Please also send a copy of your current insurance coverage declaration page.

Applicant Information

Applicant Firm Name: _____	Contact Person: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	Website: _____
How did you hear about us: _____	Have you spoken with a Lockton Affinity broker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____

Are You Currently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please answer the below questions:	
Insurance Carrier: _____	Expiration Date: _____	Retroactive Date: _____
Limits of Liability: \$ _____	Deductible: \$ _____	Premium: \$ _____

List of Attorneys (Attach separate sheet if needed)	Status*	Part Time or Full Time**	Date of Hire mm/dd/yyyy	State Bar and Date Admitted (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Status Codes: O: Owner / E: Employee / OC: of Counsel Lawyer

Total # of Attorneys _____

**Part Time: Enter the number of hours per week.

1. Does the firm have a docket system with two independent date controls? Yes No
2. Does the firm have a conflict of interest avoidance system? Yes No
3. Does the firm use engagement / disengagement letters? Yes No
4. Are there any professional liability claims or incidents reported against any of the attorneys listed, prior partners or associates in the past 5 years?
 Yes No If yes, please complete a claim supplement for each claim and/or incident.
5. How many suits for fees have you filed against your clients in the past two years? _____
6. Have any of the firm's attorneys been the subject of any disciplinary action for any reason other than the non-payment of dues within the last 5 years?
 Yes No If yes, please provide details on a separate sheet.

Professional Liability Quick Quote Application for Attorneys

7. Does any attorney in your firm serve as a director, officer or employee, or have any equity interest in any client of the firm?

Yes No If yes, please provide details on a separate sheet.

8. Has any member of your firm handled class action or mass tort litigation in the past 5 years? Yes No

Areas of Practice	%	Areas of Practice	%	Areas of Practice	%
Admiralty / Maritime		Employment Law - Management Rep		Plaintiff Lit. - Class Actions	
Agent Practice / Entertainment Law		Employment Law - Union Rep.		Plaintiff Lit. - Legal Malpractice	
Business Formation		Environmental Regulatory		Plaintiff Lit. - Medical Malpractice	
Business Transactions - General		Estate & Probate - General		Plaintiff Lit. - Personal or Bodily Injury	
Civil Litigation - General		Estate Planning and Trust Admin.		Plaintiff Lit. - Soc. Sec. / Workers Comp.	
Com, Corp, General Lit. - Defense		Family Law / Juvenile Rights		Public Utilities (Not finance)	
Com, Corp, General Lit. - Plaintiff		Immigration		Real Estate - Finance	
Corporate Finance		Intellectual Property		Real Estate Resid. & Basic Commercial	
Creditor Rights - General		Investment Advice		Schools & Education (Not finance)	
Creditor Rights - Collections		Mediation / Arbitration		Secur. / Priv. Placement / Public Regist. -	
Criminal Defense		Mergers & Acquisitions		# of Investors	
Defense Lit. Insurance Carrier Rep.		Municipal - General (Not finance)		Tax Preparation - Individual	
Elder Law		Municipal - Finance or Bonds		Taxation (Estate tax, Individual prep etc.)	
Employee Benefit Plans, ERISA		Oil / Gas / Minerals Rights		Other - Explain:	
Employment Law - Employee Rep.					