

THAXTON BARCLAY GROUP

Professional & Executive Liability Insurance Specialists

400 N. Tampa Street, suite 2625
Tampa, FL 33602

ph: (813) 251-2580
fax: (813) 251-2585

Lawyers Professional Liability Premium Indication Sheet

Firm Name: _____ Contact: _____

Principal Address: _____

Telephone: _____ Fax: _____

CURRENT COVERAGE

Prior Acts Date/Retro Active Date: _____

Coverage expires: _____ Current Carrier: _____ Limits: _____ Deductible: _____
of attys covered in policy: _____ Yr firm established: _____ Premium: _____ #of support staff: _____

FIRM MANGEMENT:

1. Docketing: Does the firm use a: Computer Ticket System Dual Calendars Daytimer Other _____
2. How often are they cross checked: Daily Weekley Monthly Other _____
3. Are they maintained by 2 people: Yes No
4. Does the firm use: Engagement letters Fee Agreements Declination letters Termination letters
5. How does the firm avoid confilcts of interest? Index File Committee Computer Oral/Memory Other _____
6. Does any attorney in the firm serve as a director, officer or employee in any client of the firm's business enterprise?
YES NO and/or does any attorney hold any equity interest in any client's business enterprise? YES NO
7. Has any member of the firm ever been reprimanded, suspended or disbarred from practice by any court or administrative agency? YES NO If yes, please provide details _____
8. During the past 2 years, how many times has the firm sued its clients for the collection of fees? _____

5 YEAR CLAIM HISTORY:

Claimant: _____ Date of claim: _____ Reserve: _____ Paid: _____ Open Closed
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Attorney Experience:

Provide the number of attorneys in your firm: _____ # of "Of Counsels": _____
Provide number of years each attorney has been with the firm: 1yr: _____ 2yrs: _____ 3yrs: _____ 4yrs: _____

Percentage of Income Derived from the Following Areas of Practice:

<input type="checkbox"/> Admiralty/Marine	<input type="checkbox"/> Criminal	<input type="checkbox"/> Personal Injury Prop. Damage/Defense
<input type="checkbox"/> Anti-Trust Trade Reg.	<input type="checkbox"/> Environmental Law	<input type="checkbox"/> Personal Injury Prop. Damage/Plaintiff
<input type="checkbox"/> Banking/Financial Institution	<input type="checkbox"/> Family Law	<input type="checkbox"/> Real Estate/Title Commercial
<input type="checkbox"/> Business Transaction/Comm. Law	<input type="checkbox"/> Gov't Contracts/Claims	<input type="checkbox"/> Real Estate/Title Residential
<input type="checkbox"/> Civil Litigation (defense)	<input type="checkbox"/> Immigration/Naturalization	<input type="checkbox"/> Securities (SEC)
<input type="checkbox"/> Civil Litigation (plaintiff)	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Wills, Estates, Probate & Planning
<input type="checkbox"/> Civil Rights/Discrimination	<input type="checkbox"/> International Law	<input type="checkbox"/> Workers' Compensation-Defense
<input type="checkbox"/> Collection/Bankruptcy	<input type="checkbox"/> Labor Law	<input type="checkbox"/> Workers' Compensation-Plaintiff
<input type="checkbox"/> Construction (Bldg Contracts)	<input type="checkbox"/> Local Government	<input type="checkbox"/> Other, describe _____
<input type="checkbox"/> Consumer Claims	<input type="checkbox"/> Natural Resources/Oil & Gas	
<input type="checkbox"/> Corp. Business Org.		

Areas of Practice= 100%

Please Return with a Copy of Firm's Current Letterhead

Signature: _____ Date: _____