

# Questionnaire for Premium Indicator from Lawyers Mutual

PREMIUM INDICATOR

Last Name:	First Name:	Middle Initial:
Firm:		
Address:		
City:	State:	Zip:
County:	E-mail:	
Phone:	Fax:	
Policy Effective Date:		

Lawyer(s) Name:	Bar Admit Number(s) & Date(s):	Part Time/Hours per Week:	Received 20 CLE credits in preceding KBA year:
	/	<input type="checkbox"/> 1 – 10 hrs <input type="checkbox"/> 11 – 20 hrs <input type="checkbox"/> 21 – 30 hrs <input type="checkbox"/> 31 – 40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/	<input type="checkbox"/> 1 – 10 hrs <input type="checkbox"/> 11 – 20 hrs <input type="checkbox"/> 21 – 30 hrs <input type="checkbox"/> 31 – 40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/	<input type="checkbox"/> 1 – 10 hrs <input type="checkbox"/> 11 – 20 hrs <input type="checkbox"/> 21 – 30 hrs <input type="checkbox"/> 31 – 40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/	<input type="checkbox"/> 1 – 10 hrs <input type="checkbox"/> 11 – 20 hrs <input type="checkbox"/> 21 – 30 hrs <input type="checkbox"/> 31 – 40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
	/	<input type="checkbox"/> 1 – 10 hrs <input type="checkbox"/> 11 – 20 hrs <input type="checkbox"/> 21 – 30 hrs <input type="checkbox"/> 31 – 40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Desired Limits of Liability:</b> <input type="radio"/> \$100,000/\$300,000 <input type="radio"/> \$250,000/\$750,000 <input type="radio"/> \$500,000/\$1,000,000 <input type="radio"/> \$1,000,000/\$1,000,000 <input type="radio"/> \$1,000,000/\$2,000,000 <input type="radio"/> \$2,000,000/\$2,000,000 <input type="radio"/> \$3,000,000/\$3,000,000 <input type="radio"/> \$4,000,000/\$4,000,000 <input type="radio"/> \$5,000,000/\$5,000,000	<b>Desired Deductible:</b> <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000 <input type="radio"/> \$7,500 <input type="radio"/> \$10,000 <input type="radio"/> \$15,000 <input type="radio"/> \$20,000 <input type="radio"/> \$25,000	<b>Your Current Insurance History</b>
		Current Carrier:
		Dates you have been continuously insured:
		Expiration date:
		Premium:
		Limits & deductible:

**What percentage of time, not income, do you spend in the following practice areas? Must equal 100%**

Admiralty:	Domestic Relations/Family Law:	Money Management:
Anti-Trust/Trade Regulations:	Entertainment Law:	Municipal Law:
Banking:	Environmental Law:	Natural Resources:
Bankruptcy:	Equine Law:	Private Placement Memorandum:
BI/PI Defendants:	Estate Planning/Trust:	Public Utilities:
BI/PI Plaintiffs:	Estate Probate Administration:	Real Estate:
Class Action/Mass Tort:	Foreign Practice:	Securities (S.E.C.):
Collection/Repossession:	Immigration Law:	Social Security/Disability:
Communications:	International Law:	State Law Securities:
Copyright/Patent/Trademark:	Labor/Employment Law:	Taxation:
Corporate/Business Organization:	Litigation (General Civil):	Workers Compensation/Defendants:
Criminal:	Mediation/Arbitration:	Workers Compensation/Plaintiffs:
Other, Please Describe:		

<b>Claims History</b> Have you or any attorney in the firm had or reported any claim(s) in the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes: • Date Reported • Amount Paid, including defense expenses (if closed)	Claim One	Claim Two	Claim Three
<i>Describe the claim(s) on a separate sheet</i>			