

QUICK QUOTE REQUEST • ATTORNEY'S PROFESSIONAL LIABILITY INSURANCE

Insurance Planning & Service Company, Inc.
Just complete the information below and fax it in for a no-obligation indication.
Questions? Call 800-347-1109 and ask for the Professional Liability Department.
Just complete and fax toll-free to: IPSCO at 866-791-2806

Applicant: _____ Contact Person: _____
 Address: _____ E-Mail Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Telephone: () _____ Fax: () _____ Year Est. _____

Percentage of Income Your Firm Derives from the Following Areas of Practice (must total 100%):

- | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Admiralty & Marine | <input type="checkbox"/> Employment Law - Management Representation | <input type="checkbox"/> Plaintiff Lit. - Class Action |
| <input type="checkbox"/> Agent Practice/Entertainment Law | <input type="checkbox"/> Employment Law - Union Representation | <input type="checkbox"/> Plaintiff Lit. - Legal Malpractice |
| <input type="checkbox"/> Business Formation | <input type="checkbox"/> Environmental Regulatory | <input type="checkbox"/> Plaintiff Lit. - Medical Malpractice |
| <input type="checkbox"/> Business Transactions - General | <input type="checkbox"/> Estate & Probate - General | <input type="checkbox"/> Plaintiff Lit. - Personal or Bodily Injury |
| <input type="checkbox"/> Civil Litigation - General | <input type="checkbox"/> Estate Planning & Trust Administration | <input type="checkbox"/> Plaintiff Lit. - Social Security, Workers Comp |
| <input type="checkbox"/> Commercial and Corporate General Lit. - Defense | <input type="checkbox"/> Family Law/Juvenile Rights | <input type="checkbox"/> Public Utilities (not finance) |
| <input type="checkbox"/> Commercial and Corporate General Lit. - Plaintiff | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Real Estate Finance |
| <input type="checkbox"/> Corporate Finance | <input type="checkbox"/> Immigration | <input type="checkbox"/> Real Estate Residential & Basic Commercial |
| <input type="checkbox"/> Creditor Rights/Collections | <input type="checkbox"/> Mediation, Arbitration | <input type="checkbox"/> Schools & Education (not finance) |
| <input type="checkbox"/> Creditor Rights/General | <input type="checkbox"/> Mergers & Acquisitions | <input type="checkbox"/> Securities/Private Placements/Public |
| <input type="checkbox"/> Criminal Defense | <input type="checkbox"/> Municipal - General (not finance) or other | Registrations - # of investors _____ |
| <input type="checkbox"/> Defense Lit. - Insurance Carrier Representation | governmental entities | <input type="checkbox"/> Tax Preparation - Individual |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Municipal Finance or Bonds | <input type="checkbox"/> Taxation (excluding estate tax & individual |
| <input type="checkbox"/> Employee Benefit Plans, ERISA | <input type="checkbox"/> Oil & Gas, Mineral Rights | tax preparation) |
| <input type="checkbox"/> Employment Law - Employee Representation | <input type="checkbox"/> Other: (If more than 5%, explain) | |

Current Coverage (All Items <u>Must</u> Be Completed)	List of Attorneys By Name (Attach Separate Sheet If Necessary)	Total Years in Practice	Year Joined This Firm	Relation To Firm* (Use Codes)	Individual Attorney Prior Acts Dates
Carrier:					
Expiration Date:					
Retroactive or Prior Acts Date:					
Limit: \$					
Deductible: \$					
Premium: \$					
Number of Support Staff: _____ * Codes: [O] Officer [OC] Of Counsel [P] Partner [S] Solo [E] Employed Attorney					
1. Number of Claims / Suits / Incidents Filed Against Firm in the Past 5 Years: Filed? _____ Pending? _____ Total Paid: \$ _____ Total Reserved: \$ _____					
2. Is your firm aware of any circumstance(s) or act(s) which may give rise to a claim? _____					
3. Do you have a legal administrator? _____					
4. Docket Control: Single calendar _____, dual calendars _____, tickler _____, computer _____					
5. Do you have a Conflict of Interest control system? _____					
6. Has any attorney with the firm ever been disciplined or denied the right to practice? _____					
7. CIRCLE any used by firm: (A) Retainer agreements (B) Engagement letters (C) Non-Engagement letters (D) Disengagement letters					

This Form Is For Estimate Purposes Only!

- Please attach a copy of Firm letterhead AND a copy of your existing policy's Declarations Page (if available).
- Coverage may be bound only upon submission and acceptance of a full professional liability application.