

CNA Lawyers Professional Liability Premium Estimate

Firm: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail address: _____ Web Site Address: _____

1 Please provide information for attorneys in your firm: (*For more attorneys, provide on separate sheet)

Attorney Name	Years in Private Practice	Date Joined the Firm	# Of Weekly Hours

2 Please tell us what percentage of **Billable Hours**- not income-- you spend in the following areas of practice (*please express in whole numbers*):

% of Time	Area of Practice
_____ %	Admiralty/ Marine Defense
_____ %	Admiralty/ Marine Plaintiff
_____ %	Anti-Trust/Trade
_____ %	Banking / Financial Institutions
_____ %	Business Transaction/ Commercial Law
_____ %	Civil Litigation / Plaintiff (not personal injury)
_____ %	Civil Litigation/ Defense
_____ %	Civil Rights/ Discrimination
_____ %	Collection & Bankruptcy
_____ %	Construction (Building Contracts)
_____ %	Consumer Claims
_____ %	Corporate Business Organization
_____ %	Criminal
_____ %	Environmental Law
_____ %	Family Law
_____ %	Governmental Contracts/Claims
_____ %	Immigration/ Naturalization
_____ %	Intellectual Property (Patent, Trademark, Copyright)
_____ %	International Law
_____ %	Labor Management Rep
_____ %	Labor Union Rep
_____ %	Local Government
_____ %	Natural Resources/ Oil & Gas
_____ %	Personal Injury/ Property Damage- Plaintiff
_____ %	Personal Injury/ Property Damage- Defense
_____ %	Real Estate/ Title- Commercial
_____ %	Real Estate/ Title- Residential
_____ %	Securities (SEC)
_____ %	Taxation
_____ %	Wills, Estate, Probate & Planning
_____ %	Workers' Compensation - Defense
_____ %	Workers' Compensation - Plaintiff
_____ %	Other (describe): _____

_____ TOTAL

3 Please tell us about your current coverage:

Retroactive Date (if any) _____ / _____ / _____

Current Professional Liability Carrier/ Program _____

Current Policy Expiration Date _____ \$ _____ Annual Premium

Current Limits _____ Deductible _____

4 Has the firm been continuously insured for malpractice for the last five years? Yes No

5 Has the firm's coverage ever been non-renewed, cancelled, rescinded or declined by another carrier? Yes No

6 Does your firm do mass tort or class action work? Yes No

7 Have any of the firm's attorneys been the subject of any disciplinary action or had any complaints filed against them in the last 5 years that resulted in an outcome other than a dismissal? Yes No

8 Have you had or reported any Professional Liability claims or incidents in the last five years? Yes No

9 Do you own a title insurance agency that you want to insure? Yes No

The General Agency, Inc.
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