



I'd like to know more about the Pearl Insurance Professional Liability Program.
Please send me a **NON-BINDING** premium estimate and new business application.

Firm Name: _____ Number of Attorneys: _____
 Contact Name: _____
 Firm Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email: _____
 Website: _____ Year Firm Established: _____
 Phone: _____ Fax: _____
 Signature: X _____ Date: _____



Please fill out and fax the completed form to **866.817.9009**

AREAS OF PRACTICE

Estimate the percentage of hours per year the firm works in each area of practice. Must total 100%.

- _____ % Administrative Law
- _____ % Admiralty/Marine Defense
- _____ % Admiralty/Marine Plaintiff
- _____ % Agent Practice/Entertainment Law*
- _____ % Appellate
- _____ % Business Formation
- _____ % Business Transactions > \$500,000
- _____ % Business Transactions ≤ \$500,000
- _____ % Civil Litigation - General
- _____ % Commercial & Corporate Litigation - Defense
- _____ % Commercial & Corporate Litigation - Plaintiff
- _____ % Construction Law
- _____ % Corporate Finance
- _____ % Creditor Rights / Collections*
- _____ % Creditor Rights / General (Bankruptcy)*
- _____ % Criminal Defense
- _____ % Defense Litigation & Insurance Carrier Rep*
- _____ % Elder Law
- _____ % Employee Benefit Plans / ERISA
- _____ % Employment Law - Employee Rep
- _____ % Employment Law - Management Rep
- _____ % Employment Law - Union Rep
- _____ % Environmental Regulatory*
- _____ % Estate and Probate - General
- _____ % Estate / Trusts > \$1,000,000*
- _____ % Estate / Trusts ≤ \$1,000,000
- _____ % Family Law > \$1,000,000
- _____ % Family Law ≤ \$1,000,000
- _____ % Financial Institutions (Banking, Asset Mgmt)*
- _____ % Healthcare
- _____ % Immigration
- _____ % Intellectual Property - Copyright/Trademark*
- _____ % Intellectual Property - Patent*
- _____ % International/Foreign Law
- _____ % Juvenile rights, guardian ad litem
- _____ % Marijuana-Medical and/or Non-Medical
- _____ % Mediation/Arbitration (other than SEC/FINRA)
- _____ % Medicare
- _____ % Mergers & Acquisitions
- _____ % Municipal - Finance & Bonds*
- _____ % Municipal - General (not finance)
- _____ % Oil & Gas, Mineral Rights*
- _____ % Plaintiff Litigation - Class Action*
- _____ % Plaintiff Litigation - Mass Tort*
- _____ % Plaintiff Litigation - Social Security
- _____ % Plaintiff Personal Injury > \$250,000*
- _____ % Plaintiff Personal Injury ≤ \$250,000*
- _____ % Public Utilities (not finance)
- _____ % Real Estate Finance
- _____ % Real Estate Res. & Comm. > \$1,000,000*
- _____ % Real Estate Res. & Comm. ≤ \$1,000,000*
- _____ % Schools and Education (not finance)
- _____ % Securities - Private Placement*
- _____ % Securities - Public Registration*
- _____ % Tax Preparation - Individual
- _____ % Taxation (excluding estate tax & indiv. prep)
- _____ % Tribal Law
- _____ % Water Rights
- _____ % Workers Compensation - Defense
- _____ % Workers Compensation - Plaintiff
- _____ % Other _____

100% TOTAL

* Supplement Required

ATTORNEY INFORMATION (including OC/IC)

Attorney's Name*	Bar Admission Date	Date Joined Firm	Relation to Firm (Use codes below)	Number of Weekly Hours
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

* For additional attorneys, please attach a separate page. **CODES:** [O] Officer [P] Partner [S] Solo [E] Employed Attorney [IC] Independent Contractor [OC] Of Counsel

INSURANCE HISTORY — Professional Liability (Please attach copy of expiring policy)

Does your firm currently have liability coverage? Yes No

If "Yes," fill in the following information. If none, indicate desired amount limit/deductible.

Carrier: _____ Premium: \$ _____

Expiration Date: ____/____/____ Retroactive Date (Prior Acts): ____/____/____

Limit: \$ _____ per claim/ _____ aggregate Deductible: \$ _____

My current policy has: CEOL (Claims Expense Outside Limit) FDD (First Dollar Defense) Cyber Liability

Most Recent Fiscal Year Revenue \$ _____ Previous Fiscal Year Revenue \$ _____

ADDITIONAL INFORMATION

- 1. Any claims in the past five years?** Yes No
If "Yes," complete the Claims Supplemental Application for each claim or incident.
- 2. In the last ten years, has any member of your firm been the subject of any disciplinary action or currently pending investigation/proceeding?** Yes No
If "Yes," explain; _____
- 3. Has the firm's policy ever been non-renewed (NR) or canceled?** Yes No
If "Yes," provide carrier, reason, and date of NR: _____
- 4. Does any attorney serve as an outside director or officer or have ownership in a client?** Yes No
If "Yes," provide a completed Outside Interest Supplement from current carrier.
- 5. How many attorneys have completed a risk management course in the past 12 months?** _____
- 6. How many suits for the collection of fees were filed during the past two years?** _____
- 7. Number of non-attorney staff:** _____
- 8. Does your firm use any of the following client communication letters for all client matters?**
 Non-engagement Engagement Disengagement Fee Agreements
- 9. Does your docket system consist of any of the following?**
 Single Calendar Dual Calendar Tickler Cards Computer Master Listing
 Other (explain) _____
- 10. What type of system does the firm use to prevent a conflict of interest with clients?**
 Computer Index File Conflict Committee Oral/Memory
 Other (explain) _____
- 11. Does any one client make up 50% or more of the firm's billings?** Yes No
If "Yes," provide name of client, services performed, and percentage of billings: _____
- 12. Does the firm have any clients/cases or transactions valued > \$5M?** Yes No

NOTE: This form is for estimating purposes only. Coverage may be bound only upon submission and acceptance of a completed application.