LAWYERS PROFESSIONAL LIABILITY
PRELIMINARY PREMIUM INDICATION WORKSHEET

Firm Name: _____
Address: _____City: _____State: _____

Firm Information

Establish Date: _____ # of Attorneys: _____
of "Of Counsel": _____ # of Support Staff: _____
of attorneys (excl. OCs) and years with Applicant:

# of years	# of attorneys
5+ years	_____
4 years	_____
3 years	_____
2 years	_____
1 year	_____
less than 6 months	_____

How many attorneys have participated in CLE during the past twelve months? _____
Estimated annual gross income? _____

Internal Controls

Do you maintain a Docket Control System with at least two independent date controls? Y ___ N ___
Is a Conflict of Interest System maintained? Y ___ N ___
Are engagement and non-engagement letters used on a regular basis? Y ___ N ___

Current Insurance

Carrier: _____
Limits & Deductible: _____
Premium: _____
Retroactive/Prior Acts Date: _____
Policy Term: _____
Date of first continuous claims-made coverage: _____

Claim History

Are you aware of any claims against your firm or any incidents that could result in a claim against your firm within the past five years? Y ___ N ___ If "YES", how many? _____ Please provide specific details of each, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.
Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administrative agency or regulatory body? Y___ N ___ If "YES", please provide details.

Area of Practice Percentages (percentages must total 100%)

Administration	___%	Domestic Relations/Family	___%	Public Utilities	___%
Admiralty/Maritime	___%	Employee Benefits	___%	Real Estate/Commercial	___%
Antitrust/Trade Regulation	___%	Entertainment/Sports	___%	Real Estate/Residential	___%
Arbitration/Mediation	___%	Environmental	___%	School Law	___%
Banking/Financial Institutions	___%	Estates/Probate/Wills/Trusts	___%	Securities	___%
Bankruptcy	___%	Foreign/International	___%	Social Security/Elder Law	___%
BI/PI Defense	___%	Healthcare	___%	Tax/Corporate	___%
BI/PI Plaintiff	___%	Insurance	___%	Tax/Individual	___%
Civil Rights/Discrimination	___%	Investments/Money Mgmt	___%	Water Rights	___%
Collection/Repossession	___%	Labor Law/Management	___%	Work Comp/Defense	___%
Communication/FCC	___%	Labor Law/Union	___%	Work Comp/Plaintiff	___%
Copyright/Trademark	___%	Mergers & Acquisitions	___%	Other (describe):	
Corporate-Formation	___%	Municipal	___%	_____	___%
Corporate-General	___%	Oil/Gas/Minerals	___%	_____	___%
Criminal	___%	Patent	___%	TOTAL:	100%

PLEASE NOTE: This Worksheet is intended for the purpose of obtaining a Preliminary Premium Indication. In order for us to extend a firm Premium Quotation, a fully completed St. Paul Travelers application and applicable supplements must be completed.

ST PAUL TRAVELERS

Submitting Agency: _____
Contact Person: _____ Phone #: _____