

FLORIDA ATTORNEYS LIABILITY INSURANCE AGENCY

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LAWYERS' PROFESSIONAL LIABILITY TRIAL APPLICATION

Name of Insured _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Present Carrier _____ Renewal Date ____/____/____

Current Premium _____ Prior Acts Date FULL or Other: ____/____/____

Limits of Insurance _____ Deductible: _____

Firm Information

Establish Date _____ # Attorneys: _____ # "Of Counsel" : _____

How many suits for fees has your firm filed in the past 2 years? _____ Number of docket control systems _____
 Are docket systems computerized? _____

Please attach a sample letterhead with dates of hire next to attorneys' names

Claim History

Are you aware of any claims against your firm or any incidents that could result in a claim within the past 5 years? Y _____ N _____ If "Yes", how many? _____ Please provide specific details of each, including description of the allegations, any payments made, etc.

Areas of Practice Percentages (percentages must total 100%)

| | |
|--|-------------------------------------|
| Administration _____ % | Healthcare _____ % |
| Arbitration/Mediation _____ % | Labor Law - Mgmt _____ % |
| Banking/Financial Institutions _____ % | Labor Law - Union _____ % |
| Bankruptcy _____ % | Mergers/Acquisitions _____ % |
| BI/PI Defense _____ % | Municipal _____ % |
| BI/PI Plaintiff _____ % | Real Estate - Commercial _____ % |
| Civil Rights/Discrimination _____ % | Real Estate - Residential _____ % |
| Collection/Repossession _____ % | Elder Law / Social Security _____ % |
| Corporate - Formation _____ % | Tax - Corporate _____ % |
| Corporate - General _____ % | Tax - Individual _____ % |
| Criminal _____ % | Workers' Comp. - Defense _____ % |
| Domestic Relations _____ % | Workers' Comp. - Plaintiff _____ % |
| Estate/Trust/Probate/Wills _____ % | OTHER _____ % |
| | OTHER _____ % |

This does not constitute a binder or obligate the company to issue insurance, nor does it obligate the applicant to accept.

Signature of Applicant

Date

For your convenience, please fax back to 239-591-6695 with a sample of your letterhead and Florida Attorneys Liability Insurance Agency will provide an indication.