

PROFESSIONAL LIABILITY SERVICES, INC.

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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" : _____

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

How many suits for fees has your firm filed in the past 2 years? _____

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 216-447-6071 with a sample of your letterhead and Professional Liability Services, Inc. will provide an indication.