



LAWYERS
LIABILITY
PROTECTION
.COM

Egloff Insurance Agency

Please provide me with your most competitive **NO OBLIGATION** premium estimate for professional liability coverage

Firm:			Contact:
Address:			
City:	County:	State:	Zip:
Phone:	Fax:		Email:

Staff List: (Designations: O=Owner, P=Partner, A=Associate, IC=Independent Contractor, OC=Of Counsel, PA=Patent Agent)

Name:	Hire Date: (mm/dd/yy)	Designation
		Owner
	/ /	
	/ /	
	/ /	
	/ /	

(Please continue on a separate sheet if necessary)

Are engagement letters or retainer agreements, that establish the scope of your firm's representation, required to be sent to all new clients:

YES NO

Have you ever sued a client (past or present) for uncollected fees?

YES NO

Has any member of your firm handled class action or mass tort litigation in the past 5 years?

YES NO

Has any member of your firm been disbarred or been the subject of a disciplinary proceeding?

YES NO

Area Of Practice: What percentage of gross billings are earned from the following (Total Must Equal 100%):

Arbitration / Mediation	_____ %	Government/Municipal (Not bonds)	_____ %	Real Estate – Commercial	_____ %
Administrative law	_____ %	Immigration and Naturalization	_____ %	Real Estate – Residential	_____ %
Admiralty / Maritime	_____ %	Insurance Defense	_____ %	Real Estate – Land Use / Zoning	_____ %
Anti-Trust / Trade Regulation	_____ %	Intellectual Property Litigation	_____ %	Real Estate – Title Examination	_____ %
Banking / Financial Institutions	_____ %	Intellectual Property Services	_____ %	Securities	_____ %
Bankruptcy	_____ %	(copyright/trademark)	_____ %	Tax – Preparation of Returns	_____ %
Civil rights/Discrimination	_____ %	Intellectual Property Services (patent)	_____ %	Tax – Opinions	_____ %
Collection/Repossessions	_____ %	International / Foreign Law	_____ %	Workers Compensation – Defense	_____ %
Commercial Litigation – Defense	_____ %	Labor – Labor Representation	_____ %	Worker's Compensation – Plaintiff	_____ %
Commercial Litigation – Plaintiff	_____ %	Labor – Management Representation	_____ %	*Other:	_____ %
Commercial Transactions	_____ %	Mergers / Acquisitions	_____ %	*Describe "Other" services below:	
Corporate Formation / Alteration	_____ %	Oil, Gas or Mining	_____ %	_____	
Criminal law	_____ %	Pension & Employee Benefits	_____ %	_____	
Domestic Relations	_____ %	Personal BI/PD – Defense	_____ %	Total:	100 %
Entertainment / Sports	_____ %	Personal BI/PD – Plaintiff	_____ %		
Estate, Trust, Probate, Wills	_____ %				

Insurance History: N/A Renewal date: ___ / ___ / ___ Insurer: N/A _____

Limit: \$ _____ Deductible: \$ _____

Retroactive Date (if applicable): ___ / ___ / ___ Current annual premium: \$ _____

Claims History (if any claims / incidents reported in the past 5 years)	Claim 1	Claim 2	Claim 3
Date Claim or Incident Reported:			
Amount Paid (Including Expenses):			
Open / Closed:			

Please attach copy of your current Declarations page

20969 Ventura Boulevard, Suite 225A Woodland Hills, CA 91364

Phone: (818) 992-5744 Fax: (818) 887-2815