

Professional, Cyber, and Employment Practices Liability Insurance



Current Information and Request for Indication

We ask you to provide us with an indication for a program policy using the following information:

Our firm name:	Our principal address:	
The insurance agency we use to source our policies:	Our name of our individual agent:	
	Yearend 2015	Yearend 2014
Number of lawyers in our firm:		
Our firm's annual revenues:		

Lawyers Professional Liability Insurance	
Our current professional liability insurance carrier:	Current professional liability premium:
Limits per claim: \$ _____ Aggregate limits: \$ _____	Claim expenses: Inside the limit: _____ Outside the limit: _____
Deductible: \$ _____	Date firm established:

Please send us a copy of your declarations page and policy so that we can match your current endorsements.

**Our Estimated
Top Five Areas
of Practice by
Percentage of Time
Spent Per Year:**

Area of Practice		Estimated Percentage
#1		
#2		
#3		
#4		
#5		

Professional Liability Claims Reported in the Past 5 Years:

Year Claim Reported	Number of Reported Claims	Estimated Indemnity	Estimated Defense Costs	Deductible(s) Applied	Open or Closed
2011					
2012					
2013					
2014					
2015					
2016 – Partial					

Cyber: Network Security and Privacy Protection	
Does your firm carry insurance for these risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide the limits of liability and deductible:	Limits: \$ _____ Deductible: \$ _____
In the past 5 years, has the firm had any information security claims, loss of data, denial of service, malware, disclosure of confidential information or similar incidents involving its electronic information systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Practices Liability		
Does your firm carry insurance for these risks?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide the limits of liability and deductible:		Limits: \$ _____ Deductible: \$ _____
For an indication, we will need:	Yearend 2015	Yearend 2014
Full-time employees:		
Part-time employees:		
Independent contractors:		

To assist that process, we authorize either our current agent or Leavitt Group (as the managing agent), or both of them as may be required, to obtain from our current carrier a loss run reflecting our claim experience with that carrier. We understand that a binding quotation is subject to a full application and that other premium amounts may be quoted and other policy conditions may be applied after that information is provided.

Dated: _____, 2016

To complete the form, simply click on the areas requiring your information and begin typing. Once you have entered the required information in the form, you will need to sign the form digitally. Click on the signature icon. Then follow the prompts to submit your digital signature. Prior to doing this, you will need to save a scanned copy of your signature on your computer.

	Signature
	Print Name
	Position with Firm

Please return this form to: Primerus-ATL@leavitt.com



Managing Agent and Underwriter for the Program:
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