

Questionnaire for Premium Indicator from Lawyers Mutual

PREMIUM INDICATOR

Last Name:	First Name:	Middle Initial:
Name of Firm:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> PSC <input type="checkbox"/> LLP <input type="checkbox"/> PLLC <input type="checkbox"/> Other	
Address:		
City:	State:	Zip:
County:	Email:	
Phone:	Fax:	
Website:	Policy Effective Date:	

Desired Limits of Liability:		
<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$250,000/\$750,000	<input type="checkbox"/> \$500,000/\$1,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$2,000,000/4,000,000	<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$3,000,000/6,000,000
<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$4,000,000/8,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000
<input type="checkbox"/> \$5,000,000/10,000,000	<input type="checkbox"/> Higher limit available upon request \$ _____	

Desired Deductible:	
<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000	<input type="checkbox"/> Other \$ _____

Indicate the percentage of time, not income, do you spend in the following practice areas? Must equal 100%		
	%	%
Admiralty/Defendants:	Environmental Law:	Natural Resources:
Admiralty/Plaintiffs:	Equine Law:	Private Placement Memorandum:
Anti-Trust/Trade Regulations:	Estate Planning/Trust:	Product Liability/Defendants:
Banking/Financial:	Estate Probate Administration:	Product Liability/Plaintiffs:
Bankruptcy:	Family Law/Domestic Relations:	Public Utilities:
BI/PI Defendants:	Foreign Practice:	Real Estate:
BI/PI Plaintiffs:	Immigration Law:	Securities (S.E.C.):
Class Actions/Mass Tort:	International Law:	Social Security/Disability:
Collection/Repossession:	Labor/Employment Law:	State Law Securities:
Construction:	Litigation (General Civil):	Taxation:
Communications:	Mediation/Arbitration:	Workers Compensation/Defendants:
Copyright/Patent/Trademark:	Medical Malpractice/Defendants:	Workers Compensation/Plaintiffs:
Corporate/Business Organization:	Medical Malpractice/Plaintiffs:	Other, Please describe:
Criminal:	Money Management:	
Entertainment Law:	Municipal Law:	

Your Current Insurance History	
Current Carrier:	
Dates you have been continuously insured:	Expiration date:
Premium:	Limits & deductible:

Lawyer(s) Name:	Email:	Bar Admit Number and Date:	Part Time/Hours per Week:	Received 20 CLE credits in preceding KBA year:
		/	<input type="checkbox"/> 1-10 hrs <input type="checkbox"/> 11-20 hrs <input type="checkbox"/> 21-30 hrs <input type="checkbox"/> 31-40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/	<input type="checkbox"/> 1-10 hrs <input type="checkbox"/> 11-20 hrs <input type="checkbox"/> 21-30 hrs <input type="checkbox"/> 31-40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/	<input type="checkbox"/> 1-10 hrs <input type="checkbox"/> 11-20 hrs <input type="checkbox"/> 21-30 hrs <input type="checkbox"/> 31-40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/	<input type="checkbox"/> 1-10 hrs <input type="checkbox"/> 11-20 hrs <input type="checkbox"/> 21-30 hrs <input type="checkbox"/> 31-40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
		/	<input type="checkbox"/> 1-10 hrs <input type="checkbox"/> 11-20 hrs <input type="checkbox"/> 21-30 hrs <input type="checkbox"/> 31-40 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are any attorneys licensed outside of Kentucky? If yes, answer the questions below.

Lawyer(s) Name:	State(s) Licensed	Bar Admit Number(s):	Bar Admit Date(s):	% Practice in Other States

Claims History

Have you or any attorney in the firm had or reported any claim(s) in the last five years? YES NO

	Claim One	Claim Two	Claim Three
If Yes: • Date Reported • Amount Paid, including defense expenses (if closed) <i>Describe the claim(s) on a separate sheet</i>			

Premium Indicators can be emailed to applications@lmick.com, mailed to 10503 Timberwood Circle, Suite 213 Louisville, KY 40223 or faxed to 502-568-6103.

Questions: Call 502-568-6100 or applications@lmick.com