

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.