

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" : _____

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

Claim & Discipline 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.

Have any lawyers in the firm had any disciplinary matters or grievances, or are any such proceedings in progress? Y _____ N _____ Please provide brief explanation on letterhead.

Areas of Practice (percentages must total 100%)

Administration _____ %	Divorce _____ %	Real Estate Commercial _____ %
Arbitration/Mediation _____ %	Elder Law _____ %	Real Estate Foreclosures _____ %
Banking/Financial Institutions _____ %	Employee Benefits/ERISA _____ %	Real Estate Residential _____ %
Bankruptcy _____ %	Estate/Wills/Trusts _____ %	Securities _____ %
BI/PI Defense _____ %	Family/Juvenile-no divorce _____ %	Social Security _____ %
BI/PI Plaintiff _____ %	Immigration _____ %	Tax - Individual _____ %
Civil Rights/Discrimination _____ %	Intellectual Property _____ %	Tax - Business _____ %
Class Actions _____ %	Labor/Employment _____ %	Tax - Opinions _____ %
Collection/Repossession _____ %	Medical Malpractice _____ %	Workers Comp. Defense _____ %
Corporate - Formation _____ %	Municipal _____ %	Workers Comp. Plaintiff _____ %
Corporate - General _____ %	Oil/Gas/Mineral Rights _____ %	Other _____ %
Criminal _____ %		Other _____ %

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

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.