



**LAWYERS' PROFESSIONAL LIABILITY TRIAL APPLICATION**

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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**

**Please email to link below or fax this trial application with a sample of your letterhead. Florida Attorneys Liability Insurance Agency will provide an indication.**

[info2@attorneysliability.com](mailto:info2@attorneysliability.com)

This does not constitute a binder or obligate the company to issue insurance, nor does it obligate the applicant to accept.