

Alexander E&O Group, LLC

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 Attention: Keith A. Alexander

This form is used solely for obtaining non-binding premium indications on your firm's behalf and may not be used to bind coverage.

Firm name: _____
 Year firm **first** established (this includes any name changes over the years): _____
 Address: _____
 City: _____ County: _____ St: _____ Zip: _____
 Contact name: _____ Title: _____
 E-mail: _____ Website: _____
 Telephone: _____ Fax: _____
 Sole practitioners please provide the name and address of a back-up attorney (required): _____

1. FIRM'S PRACTICE: Describe your firm's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following areas of practice (***bold, italicized areas of practice may require completion of a supplement:***):

Area of Practice	Last Year	This Year	Current breakdown within particular area of law: (must equal 100%)		
Admiralty / Maritime	%	%	% Plaintiff	% Defense	% Other
Alternative Dispute Resolution	%	%			
Antitrust	%	%	% Plaintiff	% Defense	% Other
Appellate	%	%			
Business Formation & Alteration	%	%	% Form/Diss.	% M&A	% Other
Bankruptcy & Collection	%	%	% Creditor	% Debtor	% Ct Appt Trustee
Business & Commercial Litigation	%	%	% Plaintiff	% Defense	
Business Transactions – Corp/Comm	%	%	% Public Corp	% Pvt Corp/Indiv	% Other
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Other
Construction Law / Building Contracts	%	%	% Plaintiff	% Defense	% Transactional
Consumer Claims / Administrative Law	%	%			
Criminal Law	%	%			
Employee Benefits	%	%			
<i>Entertainment Law</i>	%	%	% Incl. Money Mgmt	% Excl. Money Mgmt	
Environmental Law	%	%	% Plaintiff	% Defense	% Other
<i>Estates, Probate & Trust</i>	%	%	% Estate Planning	% Trust Admin	% Other
Family Law	%	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	%	% General or Financial Advice	% Defense	% Other
<i>Financial Institutions</i>	%	%			
General Civil Litigation	%	%	% Plaintiff	% Defense	% Other
Health Care	%	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%	%			
Insurance Defense	%	%	% Litigation	% Coverage	% Other
<i>Intellectual Property</i>	%	%	% Patent	% T'mark / Copy	% Litigation
Labor & Employment	%	%	% Management	% Union/Labor	% Other
Natural Resources / Oil & Gas	%	%	% Plaintiff	% Defense	% Other
<i>Personal Injury</i>	%	%	% Plaintiff	% Defense	% Other
<i>Real Estate</i>	%	%	% Commercial	% Residential	% Title
<i>Securities / Corporate Bonds</i>	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other (<i>Provide details to the right</i>)	%	%	Details for "other":		
TOTAL MUST EQUAL 100%					

2. CURRENT (or desired) COVERAGE:

Carrier: _____ Expiration: ____/____/____ Premium: \$ _____
 Limit of liability: \$ _____ Deductible: \$ _____ # of attorneys last year: _____
 Retroactive date: ____/____/____ Has this firm been insured for at least 5 years? YES NO

3. ATTORNEYS:

Attorney name Sole practitioners please be sure to list yourself	Designation Code (See below)	Social Security Number	Years in Private Practice	Date first joined the applicant firm. Include any name changes to the firm	For Of counsel and part-time attorneys only: Avg. # of hours worked per week for this firm

Designation Codes:

P = Partners and Officers licensed as lawyers or Sole Proprietors
 E = Employed lawyers (must be employee of applicant firm)
 C = Of counsel attorneys for whom coverage is desired
 PT = Attorneys working less than 26 hours per week

4. CLAIMS, POTENTIAL CLAIMS AND DISCIPLINARY ACTIONS:

- a) Has any professional liability claim or suit been made against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s) in the past five (5) years? YES NO **TOTAL NUMBER:** _____
- b) After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional liability claim or suit against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)? YES NO **TOTAL NUMBER:** _____
- c) Has any member of the firm ever been refused admission to practice, disbarred, suspended, fined or held in contempt by any court, state or local bar association, administrative agency or regulatory body. YES NO
 If yes, please provide full details including final disposition.
- d) In the past five years, has a professional liability insurer declined to offer coverage, non-renewed coverage or cancelled coverage for your firm? If yes, please provide details. YES NO

If you answered "yes" to either A or B, please attach a copy of the Claim Supplement completed for your current Insurer and update same as needed. Do NOT send the Summons and Complaint.

If you answered "yes" to either C or D, please provide full details on a separate sheet

5. SUITS FOR FEES: How many suits for the collection of fees have you filed against your clients in the last: 12 months? _____
 24 months? _____

6. ADMINISTRATIVE CONTROLS:

- a) Do you maintain a Docket Control System (calendar) with at least two independent date controls? YES NO
 Is it computerized? YES NO
 Are two separate individuals involved in managing the system? YES NO
- b) Do you maintain a Conflict of Interest Avoidance system? YES NO
 Is it computerized? YES NO
- c) Does/has any attorney serve(d) as a Director/Officer, or have equity interest in a client? YES NO
- d) Does any single client represent 10% or more of your firm's total gross billings? **(If yes, provide details)** YES NO
- e) Do any of your attorneys/employees act as title agents? YES NO
- f) If yes, does the firm or any of its members own or control a title agency? YES NO
- g) Does/has your firm share(d) common office space, or any part of your premises with another law firm? YES NO
- h) Does your firm delegate or refer legal work, retaining a portion of the fees? YES NO
- i) Does your firm have a full-time legal administrator? YES NO
 If yes, is he or she a member of the Association of Legal Administrators (ALA)? YES NO
 Do they hold a CLM Certificate? YES NO
- j) In the past five years, has your firm merged, been acquired, or experienced a change in membership of at least 50% of the firm's attorneys? YES NO
 If yes, please provide the date of change. ____/____/____
- k) How many attorneys have participated in CLE during the last 12 months? _____
- l) Number of support staff the firm employs: _____
- m) Estimated annual gross revenue for the past 12 months: \$ _____
- n) Circle **ALL** that apply: Engagement letters Non-engagement letters Disengagement letters Retainer agreements

PLEASE ATTACH THE FOLLOWING: A sample of your firm's letterhead, your current Declarations Page and copies of any special endorsements and/or riders attached to your current policy.

Please return all items to the attention of: Keith Alexander
keith@alexander-eogroup.com
919-906-9547 (cell)
866-684-0609 (fax)