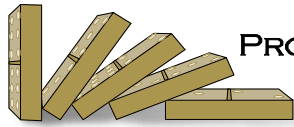


AFFINITY INSURANCE AGENCY, INC.



PROFESSIONAL LIABILITY

WHEN THE LEAST EXPECTED HAPPENS

Lawyer's E&O/Malpractice Quote Request Form

Please Fill Out Completely, Print And Then Email Or Fax This Form Back To Us - Contact Info Below

1. Contact Person:	Address:
Firm:	City/State/Zip:
Phone:	Fax:
Email:	Website:

2. Provide the number of attorneys and their years with your firm **based upon their date of employment.**

Number of Attorneys:

_____ 7 + years	_____ 3 + years	# of non-attorney staff: _____
_____ 6 + years	_____ 2 + years	Gross Revenue: _____
_____ 5 + years	_____ 1 + years	Date Passed Bar Exam: _____
_____ 4 + years	_____ < 1year	Date firm Founded: _____

3. Have at least half the attorneys in your firm had some type of continuing legal education within the last year?

4. What percentage of time – **not income** – do you spend in the following specialties?

_____ % Admiralty/Defense	_____ % Entertainment/Sports/Celebrity
_____ % Bankruptcy _____ % Collections	_____ % Oil, Gas, Mining
_____ % General/Commercial Litigation	_____ % Patent/Copyright/Trademark
_____ % Criminal	_____ % Plaintiff/Personal Injury ___ Class Action _____
_____ % Medical Malpractice	_____ % Plaintiff/Workers Comp.
_____ % Defense/Personal Injury	_____ % Plaintiff/Products Liability
_____ % Defense/Workers Comp.	_____ % Real Estate/Commercial
_____ % Defense/Products Liability	_____ % Real Estate/Residential
_____ % Divorce w/Assets <\$1M	_____ % Real Estate – Title/Abstracting
_____ % Divorce w/Assets \$1M-\$5M	_____ % Social Security
_____ % Divorce w/Assets >\$5M	_____ % Taxation/Corporate
_____ % Immigration	_____ % Utilities
_____ % International Law	_____ % Other: (Please Describe) _____
_____ % Mediation	
_____ % Will/estate planning/probate	
_____ % Admiralty other than Defense	_____ % Banking/Savings & Loan, or other financial institution services
_____ % Corporation Formation/Alteration	_____ % Bonds, Commercial Paper, Limited Partnerships or Federal Securities both exempt and non-exempt
_____ % Environmental	_____ % Real Estate Syndication/Limited Partnerships
_____ % ERISA or Employee Benefits	_____ % Mergers/Acquisitions
_____ % Investment Counseling/Money Mgt.	_____ % Grand Total (must equal 100%)
_____ % Labor/Employee relations	
_____ % Labor management representation	
_____ % Labor Union representation	
_____ % Taxation/Individual	

5. Do you use engagement letters (contractual agreements) for all clients? _____
 6. Does your firm have at least two (2) independently maintained calendars? _____
 7. a.) Have you had or reported any claims within the last seven (7) years? _____

If yes provide details:	One	Two	Three	Four
Date Claim Reported:				
Amount Paid, (including Defense Expenses (if closed))				
Reserve Amount (if open)				

b.) **Bar Complaints: Number:** _____ **Year** _____ **Closed:** _____ **Open:** _____

8. Current Malpractice Insurer: _____ Expiration Date of Policy: _____
 Retroactive Date of Policy: _____ Current Limits of Liability: _____
 Deductible: _____ Current Premium: _____
 9. Limits of Liability Desired: _____ Deductible Desired: _____
 10. Does any attorney in your firm serve as director, officer or employee, or have any equity interest, in any client of the firm? _____ Yes _____ No Outside Interests: _____
 11. Number of Suits for Fees in the last 24 months: _____ **If more than three (3)**, an explanation must be attached.

Consent: By entering my information on this form, I am authorized to and consent to the firm receiving communications sent by or on behalf of Affinity Insurance Agency, Inc.

Signature: _____ Date: _____

Thank You! An Affinity Agent Will Contact You Shortly With a Quote. Please call us if you have any questions; we're here to help you!