



LAWYERS' MUTUAL INSURANCE COMPANY

QUICK QUOTE REQUEST

LMIC@LAWYERSMUTUAL.COM OR FAX: 818.565.5516

Firm Information:

- Firm Name: _____
- Contact Person: _____ Email: _____
- Address: _____
- City & Zip: _____ County: _____
- Phone: _____ Fax: _____
- Number of Lawyers in Firm: _____

• Three (3) Major Areas of Practice and Percentages:

1. _____ % 2. _____ % 3. _____ %

Claims/Discipline Information:

- Number of reported incidents and/or claims in the last 10 years: _____
(Indicate "NONE" if you have not had any incidents or claims.)
- Number of disciplinary proceedings before any Bar in the last 10 years: _____
(Indicate "NONE" if you have not had any disciplinary proceedings.)

Requested Coverage:

- Effective Date Requested: _____
- Limits Requested: \$100,000/\$300,00 \$250,000/\$750,000 \$500,000/\$1.5M
 \$1M/\$3M \$2M/\$4M
- Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
- Date Firm Established: _____
- Existing Prior Acts Date: _____
- Firm Currently Insured: _____ Yes _____ No
- With respect to each lawyer who is to be insured under this policy, please list the following (use additional page if more than four lawyers):

<u>NAME OF LAWYER</u>	<u>Date of Employment with Applicant (or start date if sole practitioner) MO/DAY/YR</u>	<u>Prior Acts Date with Current Carrier MO/DAY/YR</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

We will contact you via email with an estimated quotation. It is an estimate of premium only and does not constitute approval. This indication is subject to receipt, review, and approval of a completed Lawyers' Mutual Application. Please visit www.lmic.com to download an application or to submit a Quick Quote Firm. To speak with the Underwriting Department, please call 800.252.2045.