## PREMIUM INDICATION LAWYERS PROFESSIONAL LIABILITY



Email: underwriting@titlepac.com
Ph: 800-331-9759 Fax: 918-683-6842

Firm Name:	<i>,</i>	Address:			
City:		Sta	ite:	Zip:	
Firm Establish Date:	Estimated annual revenues:			No. of Support Staff:	
Current Insurance Carrier:				-	
Policy Period:	Firm	n Retroactive Da	ate:		
Limits:	Deductible:		Premiu	ım:	
Please list all attorneys practicing	on behalf of your firm.				
Attorney Name	Yrs. in P Pract		esignation Code	Current Retro or Hire Date	Avg.# of Hrs.week
Designation Codes: E = Member/Employee P = Part Time Attorney (26 hours or fewer p		ent Contractor F	= Full Time Atto	orney	
Do you maintain a Docket Control Syst	em with at least two independen	nt date controls	?	Y	N
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re engagement and non engagement					- <sub>N</sub>
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