

**REQUEST A QUOTE**

**Lawyers Professional Liability Form**

(Save this form to your desktop, fill it out and fax or email it.)



**INSURANCE AGENCY**  
A subsidiary of The Virginia Bar Association

**General Information:**

Legal name of the firm: \_\_\_\_\_

Date firm established: \_\_\_\_\_

Legal status:  Sole Prop  GP  LLP  LLC  PC/PA  Other

Full Address: \_\_\_\_\_

Primary contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list all attorneys associated with your firm (attach a separate sheet if needed):**

Attorney Name	Retro Date	Position*	Year Admitted to Bar	Part-Time? (indicate # hours/week)

*\*Owner, Officer, Shareholder, Partner, Associate, Of Counsel, Independent Contractor, or Employed but not otherwise designated.*

**Firm's retroactive date:** \_\_\_\_\_ **Number of non-attorney employees:** \_\_\_\_\_

**Areas of practice for the firm - Must total 100%:**

Area of Practice	%	Area of Practice	%	Area of Practice	%
Administration		Family, Domestic, Divorce		Public Utilities	
Admiralty/Maritime		Elder Law		Probate, Wills, Trusts, Estates	
Anti-Trust, Trade Regulation		Eminent Domain		Public Utilities	
Arbitration, Mediation		Employee Benefits		Real Estate, Commercial	
Banking, Financial Institutions		Environmental		Real Estate, Residential	
Bankruptcy		Foreign		Real Estate, Title	
BI/PI Defendant		Immigration, Naturalization		Real Estate, Syndication, Development	
BI/PI Plaintiff		Insurance		Real Estate, Escrow	
BI/PI Plaintiff – Class Action, Mass Tort		Labor Law (Management or Union)		Securities	
Civil Rights, Discrimination		Mergers & Acquisitions		Social Security	
Collection / Repossession		Municipal/Government		Taxation, corporate	
Commercial Law		Oil, Gas, Minerals		Taxation, individual	
Construction, Building Contracts		Patent		Workers Comp – Defense	
Copyright/Trademark		Probate, Wills, Trusts, Estates		Workers Comp – Plaintiff	
Criminal		Other _____		Other _____	

**Revenue:**

Estimated current year: \_\_\_\_\_ Prior year: \_\_\_\_\_ Second prior year: \_\_\_\_\_

Maximum case value over past 24 months: \_\_\_\_\_

Does any client represent more than 20 percent of the firm's annual gross revenue? If yes, please provide the name and type of legal services provided: \_\_\_\_\_

**Current Insurance Information:**

Name of carrier: \_\_\_\_\_ Desired effective date or renewal date: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

**If any of the following circumstances apply, please provide additional information below:**

1. Addresses, if you have more than one office location.
2. You share office space, staff, or letterhead with a firm or attorneys who are not affiliated with your firm.
3. Your firm provides a unique or exclusive service not available from other firms.
4. Attorney(s) serves as a public defender, public official, in-house attorney for a corporation or government agency, or IC or OC to another firm.
5. Attorney(s) also serves as an accountant, insurance agent/broker, investment advisor, real estate agent/broker or securities agent/broker.
6. Attorney(s) serves or has served as an officer, director, partner or trustee of another entity (for- or non-profit).
7. Attorney(s) owns or has owned equity or financial interest in a client, or has engaged in any business venture with a client.
8. Within the past five years, a disciplinary complaint has been filed, or if an attorney has been disbarred, suspended, reprimanded by a regulatory body or agency.
9. Within the past five years, a professional liability claim or suit has been made against an attorney or your firm.
10. Any member or employee of the firm has knowledge of an incident, act, error or omission that could potentially give rise to a claim under a professional liability policy.

**If necessary, please provide additional details here. For #8-10, please attach documentation.**

*PLEASE NOTE: This is not an application for coverage;*

*it allows VBAI to obtain non-binding, preliminary quotes from multiple insurance carriers.*

*Any quotes presented are subject to a completed application and any subjectivities.*

*All carriers retain the right to decline to quote based on risk assessment.*

**Please return this form to Virginia Barristers Alliance, Inc.**

**Fax to 800-506-8086 or e-mail to [customerservice@vbainsurance.com](mailto:customerservice@vbainsurance.com).**

