



AXA XL QUICK INDICATION FORM

Please attach a copy of the law firm's letterhead and a copy of the current policy declarations page.
 If this is a newly established firm, please also include work resumes for all attorneys.

Insurance

Law Firm Name: _____ Law Firm Web Address: _____

Firm Address: _____ County: _____

Email Address: _____ Phone Number: _____ Fax Number: _____

1. **Current Coverage:** Name of Current Insurer: _____ Coverage Expiration Date: _____

Limits of Liability (PC/AGG?): _____ Deductible: _____ (PC/AGG?) Firm Established Date: _____

Premium: \$ _____ Number of Charged Lawyers at last policy renewal: _____ Retroactive or Prior Acts Date: _____

Special Endorsements: First Dollar Defense? (Y/N) _____ Defense Cost Outside of the Limit? (Y/N) _____ Other: _____

2. **Firm Profile:** Current Number of Lawyers: _____ Number of Staff Members: _____ Firm Gross Revenue \$ _____
 (not including lawyers) (for last year ended)

3. **Firm's Areas of Practice** - based on total hours worked or billings – whichever is simpler (estimate please for new firms)

Area of Practice	Litigation	Transaction
Administrative Law	%	%
Admiralty Law	%	%
Antitrust/Trade Regulation	%	%
Appellate Law	%	%
Arbitration/Mediation	%	%
Bankruptcy Law	%	%
Business Trans. & Contracts	%	%
Civil Rights & Discrimination	%	%
Class Action/Mass Tort*	%	%
Collection/Repossession Commercial Debt*	%	%
Collection/Repossession Consumer Debt*	%	%
Collection/Repossession-Foreclosure*	%	%
Construction/Building Contracts	%	%
Consumer Claims	%	%
Corporate & Business Organization	%	%
Corporate Administrative	%	%
Corporate Merger/ Acquisition	%	%
Criminal Defense-include DUI/Traffic	%	%
Employment/Labor-Union/Employee	%	%
Employment/Labor-Management	%	%
Entertainment*	%	%
Environmental Law	%	%
ERISA/Employee Benefits	%	%
Family-Adoption, Guardian, Elder, Other	%	%
Family-Divorce –Marital Estate <\$1M	%	%
Family-Divorce–Marital Estate \$1M-\$5M	%	%
Family - Divorce – Marital Estate >\$5M	%	%
Financial Institutions/Banking	%	%
Government Contracts/Claims	%	%
Healthcare	%	%
Immigration & Naturalization	%	%
Insurance Coverage	%	%

Area of Practice	Litigation	Transaction
Insurance Defense*	%	%
Insurance Subrogation	%	%
Intellectual Prop. - Copyright/Trademark*	%	%
Intellectual Properties. – Patents*	%	%
International Law	%	%
Local Government (not bonds)	%	%
Native American/Tribal Law	%	%
Oil & Gas/Minerals/Water	%	%
Personal Injury – Defense	%	%
Personal Injury – Plaintiff*	%	%
Real Estate – Commercial*	%	%
Real Estate - HOA/POA*	%	%
Real Estate - Land Use & Zoning*	%	%
Real Estate – Residential*	%	%
Real Estate - Title/Abstracting*	%	%
Real Estate Syndication*	%	%
School Law	%	%
Securities or Bonds*	%	%
Social Security	%	%
Taxation – Corporate	%	%
Taxation – Individual	%	%
Wills, Trusts & Estates Assets <\$2M*	%	%
Wills, Trusts & Estates Assets \$2M-\$6M*	%	%
Wills, Trusts & Estates Assets >\$6M*	%	%
Workers Comp. – Defense	%	%
Workers Comp. – Plaintiff	%	%
*Supplement Required		
OTHER - NOT OTHERWISE CATEGORIZED ABOVE		
Description:	%	%
Description:	%	%
Total by category (Litigation/Transaction)	%	%
Total ALL	%	%

4. Has any lawyer in the law firm been disciplined or denied the right to practice; or is there any such proceeding pending? Yes No
5. Total number of **incidents/claims** in the past 5 years: _____ Total amount paid/reserved for those claims/incidents: \$ _____
6. Does the firm employ a **Conflicts of Interest** system? Yes No Computerized? Yes No
7. Number of **Docket Control** Systems: _____ Computerized? Yes No
8. Communication Letters utilized: Engagement/Fee/Retainer _____%, Decline/Non-Engagement _____%, Scope of Services _____%, Settlement Authority _____%, Termination _____%
9. Total number of **Suits for Fees** (including fee proceedings via arbitration/mediation) in the past 2 years: _____
10. Is the firm involved in any **class action/mass tort cases** on the plaintiff side? Yes No
11. Does any lawyer have **ownership in another entity** other than the law firm or serve as an officer of another entity? Yes No
12. Estimated **Cases/Files** in past 12 months: Highest Value (not fee value) \$ _____ Average Value \$ _____ # of **New files** _____

SCHEDULE OF LAWYERS

	Name	Designation	Annual Hours Worked for Applicant Firm	Date of Hire (mm/dd/yy)	Date Admitted to Bar (mm/dd/yy)	CLE Hrs.*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Attach additional sheet if necessary.

Designation: O – Officer OC – Of Counsel P – Partner IC – Independent Contractor
 S – Shareholder R – Retired Partner A – Associate

*Provide number of CLE hours devoted to ethics, professionalism, or law firm risk management in the last 12 months.

 Signature and Title of Law Firm Representative

 Date