

Lawyers' Mutual Insurance Company

Fax Quick Quote – “We’ll Fax You Back”

Fax No. (818) 565-5516

Firm Information:

- Firm Name: _____ Contact: _____
- Address: _____ City & Zip: _____
- County: _____
- Phone No.: _____ Fax No.: _____
- 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 within the past 10 years: _____
(indicate “NONE” if you have had no disciplinary proceedings.)

Requested Coverage:

- Effective Date Requested: _____
- Limits Requested: \$100,000/\$300,000 \$250,000/\$750,000 \$500,000/\$1.5M
 \$1M/\$3M \$2M/\$4M
- Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
- Prior Acts Requested? Yes No
- Date Firm Established: _____
- Firm Currently Insured? Yes No
- With respect to each lawyer who is to be insured under this policy, please list the following (use additional sheet if more than three 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 Retrospective Date with Current Carrier MO/DAY/YR</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

We will fax back this portion with an estimated quotation. It is an estimate of premium only and does not constitute approval. This quotation is subject to completion, receipt and approval of a Lawyers' Mutual Application and your letterhead.

LMIC ESTIMATED ANNUAL PREMIUM: \$ _____

Or call us at (800) 252-2045 with the above information.

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