

▶ PREMIUM ESTIMATE FORM



Email completed form to cpinner@alpsnet.com or fax to (406) 728-7416.

Contact Information

Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Website: _____

Insurance History

Current Carrier: _____
Renewal Date: _____
Limits: _____ / _____
Per Claim Aggregate
Deductible: _____
Retroactive Date: _____
Annual Premium: _____

General Information

Firm Established Date: _____
No. of Paralegals: _____
No. of Clerical: _____
Office Manager Name: _____

Risk Management

Are engagement letters used? Yes No
Is a conflict of interest system used? Yes No
Do you use a computer calendaring system? Yes No
Do you sue for fees? Yes No
If yes, how many in last 12 mo? _____

Areas(s) of Practice (List % of Each)

_____ % Admiralty/Maritime	_____ % Entertainment/Sports	_____ % Oil/Gas
_____ % Anti-trust/Trade Reg.	_____ % Environmental	_____ % Patents
_____ % Arbitration/Mediation	_____ % Estate/Probate/Wills/Trusts	_____ % Copyright/Trademark
_____ % Bankruptcy	_____ % ERISA/Employee Relations	_____ % Public Utilities
_____ % Civil Litigation–Plaintiffs	_____ % Financial Institutions	_____ % Real Estate
_____ % Civil Litigation–Defendants	_____ % Gaming/Casino/Representation	_____ % Securities Exempt/Bonds
_____ % Collection/Repossession	_____ % Government	_____ % Securities Reg'd Offerings
_____ % Corporation /Business	_____ % Immigration	_____ % Social Security
_____ % Mergers and Acquisitions	_____ % International Law	_____ % Taxation
_____ % Criminal	_____ % Labor Law	_____ % Workers Compensation
_____ % Domestic Relations	_____ % Natural Resources	_____ % Other – (Describe)

Total (Should Equal 100%) _____

Claim Information (Submit separate sheet if necessary)

During the last 5 years have any Professional Liability claims been made against the firm or any of its members? Yes No If yes, please provide details to include expenses and indemnity paid, description of allegation.

Has any attorney ever been refused admission to practice, disbarred, suspended or formally reprimanded? Yes No If yes, please provide details.

How did you hear about ALPS? _____

Important Note:

Completion of this Premium Indication Form and any resulting indication of premium released by the company does not obligate ALPS to bind coverage, and/or issue an insurance policy. The right to decline to quote after risk assessment is retained by ALPS.

Printed Name: _____ Signature: _____ Date: _____

