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**NAME OF APPLICANT:** \_\_\_\_\_

1. Please list the area of practices offered by the applicant:

\_\_\_\_\_  
\_\_\_\_\_

2. Please provide the total number of attorneys including partners and counsel within the firm: \_\_\_\_\_

a. How many are partners? \_\_\_\_\_

3. Does the applicant currently purchase professional liability insurance?  Yes  No

a. If yes, please provide the professional liability limit purchased by the applicant and the name of the insuring carrier: \_\_\_\_\_

4. Total annual revenue: \_\_\_\_\_

5. Percent of income derived from contingency fees: \_\_\_\_\_