

Applicant Firm Information

1. _____
Name of Applicant

Address

City State County Zip

Phone Number Fax Number E-mail

2. Date the firm was Established ____/____/____

3. Estimated annual gross income: \$ _____

4. Number of Attorneys "Of Counsel": _____

5. Number of Support Staff _____

6. How many attorneys participated in CLE during the past 12 months: _____

7. How many hours worked on behalf of your firm: _____

Number of Attorneys (exclude of council)	Years of Experience
5+ years	_____
4+ years	_____
3+ years	_____
2+ years	_____
1+ years	_____
Less than 6 mounths	_____
Total	_____

Areas of Practice Percentages (Percentage must equal 100%)

Administration	_____ %
Admiralty/Maritime	_____ %
Antitrust/Trade Regulation	_____ %
Arbitration/Mediation	_____ %
Banking/Financial Institutions	_____ %
Bankrupcy	_____ %
BI/PI Plaintiff	_____ %
Civil Rights/Discrimination	_____ %
Collection/Repossession	_____ %
Communication/FCC	_____ %
Copyright/Trademark	_____ %
Corporate-Formation	_____ %
Corporate-General	_____ %
Criminal	_____ %
Domestic Relations/Family	_____ %
Employee Benefits	_____ %
Entertainment/Sports	_____ %
Environmental	_____ %
Estates/Probate/Wills/Trusts	_____ %
Foreign/International	_____ %
Healthcare	_____ %
Insurance	_____ %
Investments/Money Mgmt	_____ %
Labor Law/Management	_____ %
Labor Law/Union	_____ %
Mergers & Acquisitions	_____ %
Municipal	_____ %
Oil/Gas/Minerals	_____ %
Patent	_____ %
Public Utilities	_____ %
Real Estate/Commercial	_____ %
Real Estate/Residential	_____ %
School Law	_____ %
Securities	_____ %
Social Security/Elder Law	_____ %
Tax/Corporate	_____ %
Tax/Individual	_____ %
Water Rights	_____ %
Work Comp/Defense	_____ %
Work Comp/Plaintiff	_____ %
Other (describe below):	_____ %
Total	_____ %
Other Areas of Practice:	_____ %

Internal Controls

A. Do you maintain a Docket Control system with at least two independent date controls? ____ Yes ____ No

B. Is a Conflict of Interest System maintained? ____ Yes ____ No

C. Are engagement letters used on a regular basis? ____ Yes ____ No

D. Has any member of the applicant firm been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, or held in contempt by the court administrative agency or regulatory body? ____ Yes ____ No
If "YES", please attach details.

Claim History (Past five [5] years)

Claim History: Are you aware of any claims against your firm or any incidents that could result in a claim against your firm within the past five years? ____ Yes ____ No
If "YES", how many? _____
Please attach details of each claim or incident, including a description of the allegations, current reserve and/or indemnity.

Current Insurance

Current Insurance Insurance Company _____

Policy Effective/Expiration Date ____/____/____

Retroactive/Prior Acts Date ____/____/____

Policy Limits \$ _____ Deductible \$ _____

Date of first continuous claims-made insurance policy ____/____/____

Professional Associations Affiliated With: _____

This is not an insurance Binder. The Information provided will be used to provide a premium indication. Final premium will be subject to the completion of an application.

ANA Professional Insurance Agency LLC

425 Newtonville Ave, Newtonville MA 02460

Please E-mail or fax completed questionnaire to:

E-mail: michele@ana-pia.com

Fax: 781-465-6003 Tel: 781-791-0490