



BURNSBROKERS
Malpractice Insurance Experts

Malpractice Insurance Short Application

Kaci Nice and Cori Miracle at Burns Brokers provide insurance for clients across the country. With over 19 years of combined experience and vast knowledge in Professional Liability for Law Firms, we dedicate ourselves to finding your firm the best insurance policy possible. Our agency not only will shop your insurance for you but we will assist you in selecting the appropriate carrier for your law firm's specific needs at an equitable price. We will make the insurance process simple and easy by completing applications for you, providing detailed analysis between carriers and assisting you with all your insurance needs.

Please complete and return via email: info@burnsbrokersinsurance.com or fax: 720-255-0644 to receive a quote

We are a full-service Insurance Agency and can help with all your insurance needs!

Business Owners, Workers Compensation, Cyber, Umbrella, EPLI, Bonds, D&O, and many more

Firm Name		Phone Number	
Address		City/State/Zip Code	
Contact Name		Email Address	
Effective Date		Retroactive Date	
Date Firm Established		12 Month Gross Revenues	
Current Carrier		Limit of Liability	
Deductible		Premium	
Signature		Date	

Please complete the table below based off the last 12 months of gross revenue:

Total percentage allocated should equal 100%

% Administrative Law	% Criminal Law	% Land Use-Zoning	% Social Security
% Admiralty	% Divorce w/Assets < \$1M	% Lobbying	% Taxation
% Appellate	% Divorce w/Assets \$1M - \$5M	% Local Government	% Traffic
% Arbitration/Mediation	% Divorce w/Assets > \$5M	% Municipal Law	% Water Law
% Banking/Financial Institutions	% Entertainment Law	% Oil/Gas Law	% Wills, Trusts, Estates < \$1M
% Bankruptcy	% Environmental Law	% PI/BI-Defense	% Wills, Trusts, Estates \$1M-\$5M
% Business Transactions	% ERISA/Employee Benefits	% PI/BI- Plaintiff	% Wills, Trusts, Estates >\$5M
% Civil Litigation - Plaintiff	% General Corporate	% PI/BI- Plaintiff - Medical Malpractice	% Workers Comp-Defense
% Civil Litigation - Defense	% Government Contracts	% PI/BI- Class Action/Mass Torts	% Workers Comp-Plaintiff
% Civil Rights	% Guardianship/Juvenile	% Real Estate -Commercial	% Other:
% Collections	% Immigration	% Real Estate-Residential	%
% Commercial Litigation - Plaintiff	% Insurance Defense	% Real Estate-Title	%
% Commercial Litigation - Defense	% IP - Copyright/Trademark	% Real Estate Development	%
% Construction Law	% IP - Patent Law	% Real Estate Closings	%
% Corporate Formation	% Labor-Employee/Union	% Securities/Bonds	%
% Corporate Mergers/Acquisitions	% Labor-Management	% Securities - Private Placement	%

Firm Information:

1. *Docket Control* - Check each of the below methods used by your firm:
 Computer Tickler Perpetual Calendar Daytimer Pocket Calendar
2. *Conflict of Interest System/Conflict Avoidance* - Check each of the below methods used by your firm:
 Computer Oral/Memory Multiple Index Files Single Index Files No Formal System
3. Check all that are used by the law firm:
 Engagement Letters Fee Agreements Non-Engagement Letters Termination Letters
4. Number of suit for fees in the past 2 years?
5. Does any lawyer at the firm have more than 10% ownership in another entity? Yes No
6. Does any lawyer at the firm serve as a director, officer, or employee for a company that is also a client? Yes No
7. Do you own your own Title Agency? Yes No
8. Does any single client account for more than 10% of your Gross Revenue? Yes No
9. Does any lawyer at the firm practice any class action or mass tort work? Yes No
10. Has your firm ever practiced under a different firm name, had a name change or predecessor firm? Yes No
If Yes, please attach details including firm names and dates of existence.
11. How many Independent Contractor or Of Counsel attorneys are at the firm?
12. Number of Non-Attorney staff:

Firm History:

1. Has any firm member had a disciplinary complaint or grievance made to any court, bar association, administrative agency or regulatory body in the past ten (10) years? Yes No
If Yes, please attach details including claim supplements and 5 year loss run.
2. Has any professional liability claim or suit been made against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s) or have you reported any claim or incident to an insurance company in the past five (5) years? Yes No
If Yes, please attach details including claim supplements and 5 year loss run.

Attorney Roster:

O = Owner	P = Partner	A = Associate	E = Employee	OC = Of Counsel	IC = Independent Contractor
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Attorney Name	Designation	Bar Admit Date	Date Lawyer Joined Firm	Hours Worked Per Week
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

If you have more than 12 attorneys please attach a separate roster