



# Quick Quote Information

Phone 877-600-AILA(2452) • Fax 866-389-4056  
Email: AILA-ATL@leavitt.com

To receive a quick indication of your insurance premium, please complete the abbreviated form below. **NOTE: This form is only for an estimate of annual premium.** In order to receive a formal proposal, a fully completed and signed application is required.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is Firm Currently Insured Under A Professional Liability Policy?  Yes  No Effective Date: \_\_\_\_\_

Firm's Retroactive Date/Inception Date of Policy Without Interrupted Coverage: \_\_\_\_\_

Check Limits Desired (Per Claim/Aggregate):

\$100,000/\$300,000  \$250,000/\$500,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000  \$2,000,000/\$2,000,000

Deductible (Underwriting Guidelines May Require A Higher Deductible):

\$1,000  \$2,500  \$5,000  \$10,000

# Of Active Lawyers in Firm: \_\_\_\_\_ # of Lawyers of Counsel: \_\_\_\_\_

Current Annual Premium: \_\_\_\_\_

Within The Last Five (5) Years, Has Any Lawyer Had Any Professional Liability Insurance Declined, Cancelled, Refused To Renew, Or Accepted Only On Special Terms?  Yes  No

Has Any Professional Liability Claim Or Suit Been Made Against The Applicant Firm Or Any Predecessor Firm Or Any Firm Lawyer Within The Past Five (5) Years?  Yes  No If Yes, # of Claims: \_\_\_\_\_

Areas Of Practice - Percentages of time devoted during the previous year in each area of practice (must total 100%):

Attach Business Card:

Please enter % of time devoted to each area of practice

	<b>Business Transactions/Business Formation</b>
	<b>Civil Litigation</b>
	<b>Criminal Defense</b>
	<b>Family Law/Juvenile Rights</b>
<b>IMMIGRATION</b>	
	Investment Based (EB-5)
	Asylum & Refugee Protection
	Deportation/Removal Defense
	Employment Based
	Family Based
	Non-Immigrant Visas
	Victims of Domestic Violence
	Naturalization/Citizenship
	Other: _____

