

Firm Name: _____ **Number of Attys:** _____
Contact Name: _____
Firm Address: _____
City: _____ **State:** _____ **Zip:** _____ **County:** _____
Year Firm Established: _____ **E-mail:** _____
Phone: () _____

Attorney Information

Attorney's Name*	Bar Admission Date	Date Joined Firm	Relation to Firm (use codes below)	Number of Weekly Hours
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____
_____	____/____/____	____/____/____	_____	_____

Codes: [O] Officer [P] Partner [S] Solo [E] Employed Attorney [IC] Independent Contractor [OC] Of Counsel

If date joined firm is different than prior acts date, please advise.

*For additional attorneys, please attach a separate page.

Areas of Practice

Please express percentages of the firm's time devoted (billable hours) in each area during the previous year. Indicate the types of law you practice, not the business of the client you represent, and the percentage (in whole numbers up to 3 digits). The total must equal 100%

- | | |
|---|--|
| _____ % Admiralty | _____ % Intellectual Property (Copyright/Trademark/Patent) |
| _____ % Arbitration | _____ % Labor Law – Employee/Union |
| _____ % Banking/Financial Institutions | _____ % Labor Law – Management Representation |
| _____ % Bankruptcy | _____ % Personal Injury/Property Damage Defense |
| _____ % Civil Rights/Discrimination | _____ % Plaintiff – Bodily Injury/Property Damage |
| _____ % Commercial Litigation Defense | _____ % Plaintiff – Medical Malpractice |
| _____ % Commercial Litigation Plaintiff | _____ % Plaintiff – Workers Compensation |
| _____ % Consumer Claims/Collections | _____ % Plaintiff –Class Action/Mass Tort |
| _____ % Construction | _____ % Real Estate Commercial |
| _____ % Criminal/Traffic | _____ % Real Estate Residential |
| _____ % Environmental | _____ % School Law |
| _____ % Family Law | _____ % Securities (SEC) |
| _____ % General Corporate/Business Transactions | _____ % Tax Individual |
| _____ % Government | _____ % Wills, Estates, Probate & Planning |
| _____ % Immigration/Naturalization | _____ % Other – Please Explain _____ |
| _____ % Insurance Defense | _____ % Total % (must be 100%) |

Insurance History

- Does your firm currently have liability coverage? Yes _____ No _____
 If "Yes", please fill in the following information:

Carrier: _____
Expiration Date: ____/____/____ **Retroactive Date (Prior Acts):** ____/____/____
Limit: \$ _____ per claim/ _____ aggregate **Deductible:** \$ _____

Firm Management

- Does your firm have a dual docket system? Yes _____ No _____
 Does your firm have a conflict system? Yes _____ No _____
 Does your firm handle mass tort or class action work? Yes _____ No _____
 Does your firm have any one client who represents more than 25% of the firm's billing? Yes _____ No _____
 Number of suits for fees filed against clients in the past three years? _____

Claim/Potential Claim/Bar Complaint History

- In the last 5 years have any past or present personnel:
- Been the subject of a bar complaint, grievance, disciplinary action or denied the right to practice law? Yes _____ No _____
 - Know of any professional liability claim made against the Applicant, its affiliates or its personnel or become aware of any circumstance which might become the basis of a claim? Yes _____ No _____

If yes to questions a or b, please complete a claim supplement for each.

Return completed information to Kaestner & Berry Professional Insurance Services, LLC:

Fax: 314-200-8553

Email: Admin_Assistant@kb-insurance.com

Mail: 140 Cliff Cave Road, Suite 202, Saint Louis, MO 63129

Please Type Signature: _____ **Date** _____