



Non-Binding Tentative Premium Form (10 Attorneys or Less)

NOTE: This Form is for an Estimated Premium Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application.

Firm Name: _____	Phone: _____
Contact Name: _____	Fax: _____
Firm Address: _____	Email: _____
City: _____	Website: _____
State: _____ Zip code: _____	
No. of Years Firm has had Continuous Coverage: _____	Current Insurer: _____
Current policy effective date: _____	Premium: _____
Limits: \$ _____ / _____ Deductible: _____	Number of Attorneys: _____
Requested Effective Date: _____	Current Firm Prior Acts Date: _____
Desired Limits: \$ _____ / _____	Desired Deductible: _____

Attorney Name	Years In Practice	Year Admitted to Bar	Hire Date by Firm	If Sole Practitioner, # Hours Worked per Week

*Number of claims / incidents in the last 7 years: _____ Indemnity paid (if any): \$ _____
 Defense costs incurred (if any): \$ _____ Number of Grievances / Reprimands in the last 7 years: _____
***If any claims / incidents / grievances / reprimands, please attach a detailed summary.**

*Please indicate the percentage of the firm's gross billable dollars from the practice devoted to: (100%)
 If your Area of Practice contains an (*), please complete the Supplemental Application.*

Area of Practice	%	Area of Practice	%
Admiralty / Marine - Defense		Labor and Employment Management	
Admiralty / Marine - Plaintiff		Labor - Union	
Anti-trust		Labor and Employment - Employee	
Arbitrator / Mediator		Litigation	
Banking		Bodily & Personal Injury - Defense*	
Bankruptcy		Bodily & Personal Injury - Plaintiff*	
Business Transactions		Class Action / Mass Torts - Defense*	
Corporate Business Organizations		Class Action / Mass Torts - Plaintiff*	
Gaming & Casinos		Insurance Defense	
General Commercial - Defense		Insurance Other - Coverage - Regulation	
General Commercial - Plaintiff		Insurance Other - Coverage - Subrogation	
Mergers & Acquisitions		Medical Legal Malpractice- Defense*	
Civil Rights / Discrimination		Medical Legal Malpractice- Plaintiff*	
Collections- Consumer		Product Liability	
Criminal		Workers Compensation - Defense	
Entertainment		Workers Compensation - Plaintiff	
Environmental		Oil & Gas	
ERISA / Pension / Employee Benefits		Public Utilities	
Estate Planning		Real Estate	
Estate, Wills, Probate, Trust		Commercial Real Estate	
Family Law		Foreclosures	
Adoption		Landlord / Tenant	
Divorce		Residential Closings*	
Elder Law		Syndications / Ltd. Partnerships	
Guardianship / Juvenile		Title / Abstracting*	
Foreign Practice		Zoning & Planning	
Govt. Representation / Contracts		Securities Law*	
Healthcare - Regulatory, Compliance		Social Security / Disability	
Immigration / Naturalization		Taxation	
Intellectual Property - Copyright / Trademark		Tax Shelters	
Intellectual Property - Patent		Other	
International Law		Total should equal 100 %	

Signature of person completing this form: _____ Date: _____

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