MORANCO
LEGAL MALPRACTICE INSURANCE
HEALTH INSURANCE

MALPRACTICE INSURANCE QUOTE FORM - WE SHOP YOU WIN!

Please complete the information below to receive multiple estimates for
Professional Liability insurance through Moranco & Associates.

Questions?

P: (800) 607-2620 ~ F: (509) 326-8867 ~ E: info@moranconational.com

Applicant/Firm: _____ Contact Person: _____

Address: _____ City: _____

State: _____Zip: _____ Phone: (_____)_____ Fax: (_____)_____

County: _____ Date Applicant/Firm Established: _____

1. Number of claims / suits made against the firm (or any lawyer in the firm) in the past five years:_____
   Number of incidents / circumstances that might result in a claim:_____
2. Has any current or former member of the firm been refused admission to practice, disbarred, suspended, reprimanded, fined or held in contempt? ☐ Yes ☐ No
3. Has the firm or any predecessor firm(s) or any lawyer(s) proposed for coverage been declined, had the policy canceled, or renewal of insurance refused? ☐ Yes ☐ No

Provide details on an attachment for any claims / incidents / disciplinary actions / renewal problems.

4. How many suits for collection of fees have been filed against clients in the last two (2) years? _____
5. Number of full time non-lawyer staff: _____ Number of part time non-lawyer staff: _____
6. Do you share office space with other lawyers? ☐ Yes ☐ No Do they carry their own insurance? ☐ Yes ☐ No
7. Does the firm utilize a computerized docketing system? ☐ Yes ☐ No
8. Does the firm utilize a planned docket system with at least two independent controls? ☐ Yes ☐ No
9. Do 2 separate people enter dates into 2 separate docket systems for the same matter? ☐ Yes ☐ No
10. Does the firm have a conflict of interest system? ☐ Yes ☐ No Type: ☐ Index Cards ☐ Computer ☐ Other
11. Does the firm utilize these letters? Engagement: ☐ Yes ☐ No - Disengagement: ☐ Yes ☐ No - Termination: ☐ Yes ☐ No
12. Did all attorneys in your firm complete the WSBA required CLE hours in the past 12 months? ☐ Yes ☐ No

Print Form

Reset/Clear Form

Applicant/Firm: _____

11. Does the applicant firm currently have insurance? ☐ No ☐ Yes Policy expiration date: _____
12. Current Company: _____ Total number years continuous insurance: _____
13. Retroactive / Prior Acts Exclusion date (indicate N/A if none):_____/_____/_____
14. Limits of Liability: $_____ / $_____ Deductible: $_____ Premium: $_____

If you do not currently have insurance, what limits of liability & deductible would you like quoted?

15. Please list all attorneys working for the Applicant: (Include yourself if you are a sole practitioner).
If you need more space, continue in the 'Additional information' Box at the bottom of this page.

Attorney Name	Code*	# Years in Practice	Date of Hire	Hrs/ Week	Bar Number	Indiv Retro Date

**Designation Code: P: Partner, C: Of Counsel, PT: Part Time (<26 hours/week), S: Sole Practicioner, E: Employed Atty, IC: Independent Contractor*

16. Are you requesting coverage for a Predecessor Firm(s)? ☐ Yes ☐ No

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the entity or individual identified in Question 15 above is the majority successor in interest (51% or more).

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of lawyers	Percentage of ownership retained

17. What is the firm's estimated annual gross income? _____

Applicant/Firm: _____

18. Indicate the percentage of income derived from the following areas of practice—please use whole numbers.
(TOTAL MUST EQUAL 100%):

%	Admiralty / Marine - Defense	%	Immigration
%	Admiralty / Marine - Plaintiff	%	Intellectual Property - Copyright, Trademark *
%	Agent Practice and Entertainment Law	%	Intellectual Property - Patent *
%	Business Formation	%	Juvenile rights, guardian *ad litem*
%	Business Transactions where the value of the transaction is greater than $500,000	%	Mediation, Arbitration
%	Business Transactions where the value of the transaction is less than $500,000	%	Mergers & Acquisitions
%	Civil Litigation – General	%	Municipal -- Finance or Bonds *
%	Commercial & Corporate Litigation - Defense	%	Municipal – General (not finance)
%	Commercial & Corporate Litigation - Plaintiff	%	Oil & Gas, Mineral Rights
%	Corporate Finance	%	Other
%	Creditor Rights / Collections	%	Plaintiff Litigation-Class Actions *
%	Creditor Rights / General (bankruptcy)	%	Plaintiff Litigation-Mass Tort *
%	Criminal Defense	%	Plaintiff Litigation-Social Security, Workers Compensation
%	Defense Litigation & Insurance Carrier Representation	%	Plaintiff Personal Injury where the value of the case is more than $250,000 *
%	Elder Law	%	Plaintiff Personal Injury where the value of the case is less than $250,000 *
%	Employee Benefit Plans, ERISA	%	Public Utilities (not finance)
%	Employment Law - Employee Representation	%	Real Estate Finance
%	Employment Law - Management Representation	%	Real Estate – Res. & Basic Commercial where the value of the transaction is greater than $1,000,000 *
%	Employment Law - Union Representation	%	Real Estate – Res. & Basic Commercial. where the value of the transaction is less than $1,000,000 *
%	Environmental Regulatory	%	Schools & Education (not finance)
%	Estate and Probate - General	%	Securities - Private Placement *
%	Estates/Trusts where the value of the estate is greater than $1,000,000	%	Securities - Public Registration *
%	Estates/Trusts where the value of the estate is less than $1,000,000	%	Tax Preparation-Individual
%	Family Law where the value of the marital estate is greater than $1,000,000	%	Taxation (excluding estate tax & individual preparation)
%	Family Law where the value of the marital estate is less than $1,000,000	%	Water Rights

Additional Info on Areas of Practice, Claims, Attorneys, etc:

Please contact us with any questions! You may return this form via mail, email, or fax:
Moranco & Associates – 9631 N Nevada St., Suite 309; Spokane, WA 99218
Phone: 509-324-0640 * Fax: 509-326-8867 * Email: info@moranconational.com

PLAINTIFF SUPPLEMENT

Clear/Reset Form

Print Form

Firm Name:_____

1. Describe the types of plaintiffs, cases handled by the Applicant (e.g. medical malpractice, automobile accidents, etc.)

_____

_____

2. Total number of personal injury cases during the last 12 months: _____

3. What percentage of your plaintiff cases are class action suits? _____%
   If applicable, please provide on a separate sheet a list of the currently active class action suits and include information on the type of case (e.g. antitrust, securities, etc.), when and where filed, estimated number of plaintiffs in the class, and estimated value of case.

4. What percentage of your plaintiff cases are mass tort cases? _____%
   If applicable, please provide on a separate sheet a list of the currently active mass tort cases, the type of case (e.g. pharmaceutical, products liability, etc.), when and where filed or prosecuted, number of plaintiffs, and estimated value or average value of each case.

5. Average number of cases each attorney handles per year: _____

6. Percentage of cases settled before trial: _____%

7. Percentage of cases tried to conclusion: _____%

8. Percentage of cases referred to you by other law firms: _____%

9. Do you use written referral agreements in all cases which are referred to you? ☐ Yes ☐ No

10. Percentage of cases your firm refers to other firms and retains a portion of the fees: _____%

11. Do you use written referral agreements and obtain certificates of insurance, in all cases referred out? ☐ Yes ☐ No

12. Average dollar value of cases: _____

13. Maximum dollar value of any one case: _____

14. Average percentage of recovery your firm takes as fees: _____%

Additional Information

_____

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act.

_____
Signature of Owner, Officer or Partner

_____
Print Name and Title

_____
Date