



Daniels-Head
Insurance
Agency

www.danielshead.com

Non-Binding Premium Indication Form

Daniels-Head Insurance Agency, Inc.

P.O Box 160730 – Austin, TX 78716 ~ Ph: 800.950.0551 Fx: 877.839.6107

You are welcome to fax this form or to email to vav81@dhiatx.com

NOTE: Premium estimates provided from information on this form are only anticipated pricing and non-binding indications. Actual quotes are subject to completion and signing of a New Business application with supplements (where necessary) and underwriting approval. Estimates may decrease or increase based on information provided to us in your New Business application.

Firm Name: _____
 Contact Name: _____
 Firm Address: _____
 City: _____
 State: _____ Zip: _____

Year Established: _____
 Firm County: _____
 E-mail: _____
 Web Site: _____

Phone: _____ Fax: _____

Preferred Method of Contact:
 E-Mail Fax US Mail

No. of Years Firm has had **Continuous** LPL Coverage: _____
 Current policy effective date: _____
 Limits: _____ / _____ Deductible: _____
 Requested Effective Date: _____
 Desired Limits: _____ / _____
 Past Annual Revenue: _____

Current LPL Carrier: _____
 Premium: _____
 Number of Attorneys: _____
Current Firm Prior Acts Date: _____
 Desired Deductible: _____
 Projected Annual Revenue: _____

Please complete the following information for all attorneys in your firm INCLUDING Of Counsel for whom coverage is desired. (Attach additional sheets if necessary):

Attorney Name	# Years In Practice	Year Admitted to Bar	Exact Date of Hire by Firm	# Hours Worked per Week

*Number of claims or incidents in the last 5 years: _____ Indemnity paid (if any) _____

Defense costs incurred (if any): _____ Number of Grievances/Reprimands in the last 5 years: _____

***If any claims/incidents/grievances, please attach a detailed summary.**

Please indicate the percentage of the firm's time devoted to the following Areas of Practice (total must equal 100%):

Area of Practice	%	Area of Practice	%
Admiralty/Maritime	%	Government (Federal/State/Local/Lobbying)	%
Antitrust/Trade Regulation	%	Healthcare	%
Aviation	%	Immigration	%
Bankruptcy	%	Insurance Defense Litigation	%
Business Transactions / Commercial Law	%	Insurance Other (Coverage, Regulatory, Subrogation)	%
Civil Rights	%	International Law	%
Collections	%	Investment Counseling/ Money Management	%
Commercial Practice – Business Litigation	%	Labor – Union Related Work	%
Communications / Media	%	Medical Malpractice – Defendant	%
Construction Law	%	Medical Malpractice – Plaintiff	%
Consumer Claims	%	Oil / Gas	%
COPYRIGHT/TRADEMARK	%	PATENT	%
Corporate – Business Formation/Alteration	%	Personal Injury – Defendant	%
Corporate – Business Transactions/Advice	%	Personal Injury – Plaintiff	%
Criminal Law	%	Public Utilities	%
Disability / Social Security	%	Real Estate – Commercial	%
Elder Law	%	Real Estate – Residential	%
Employment	%	SECURITIES LAW (except corporate formation)	%
ENTERTAINMENT	%	Secured Transaction (UCC – Commercial Paper)	%
ENVIRONMENTAL	%	Taxation	%
Estates / Wills / Trust / Probate	%	Tax Shelters	%
Family Law	%	Workers' Compensation – Defendant	%
Financial Institutions–Reg. Compliance	%	Workers' Compensation – Plaintiff	%

Signature of person completing this form _____ Date _____