

# FLORIDA ATTORNEYS LIABILITY INSURANCE AGENCY

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## LAWYERS' PROFESSIONAL LIABILITY TRIAL APPLICATION

Name of Insured \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_  
Present Carrier \_\_\_\_\_ Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Premium \_\_\_\_\_ Prior Acts Date FULL or Other: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Limits of Insurance ☐\$100/\$300 ☐\$250/\$500 ☐\$500/\$500 ☐\$500/\$1M ☒\$1M/\$1M ☐ \_\_\_\_\_  
Deductible: ☐\$2,500 ☐\$5,000 ☐\$10,000 ☐\$25,000

**Firm Information**

Establish Date \_\_\_\_\_ # Attorneys: \_\_\_\_\_ # "Of Counsel" \_\_\_\_\_  
How many suits for fees has \_\_\_\_\_ Number of docket control systems? \_\_\_\_\_  
your firm filed in the past 2 years? \_\_\_\_\_ Are docket systems computerized? ☐yes ☐no  
Has the firm provided legal services for: ☐ crypto currency or blockchain client ☐yes ☐no  
☐ a cannabis industry client ☐yes ☐no

**\*\*\*Please attach a sample letterhead with dates of hire next to attorneys' names\*\*\***

**Claim History**

Are you aware of any claims against your firm or any incidents that could result in a claim within the past 5 years? ☐yes ☒no If "Yes", how many? \_\_\_\_\_ Please provide brief details of each, including description of the allegation(s).

**Areas of Practice Percentages (% total must equal 100% in whole numbers)**

Administration	_____ %	Healthcare	_____ %
Arbitration/Mediation	_____ %	Labor Law – Mgmt.	_____ %
Banking/Financial Institutions	_____ %	Labor Law – Union	_____ %
Bankruptcy	_____ %	Mergers/Acquisitions	_____ %
BI/PI Defense	_____ %	Municipal	_____ %
BI/PI Plaintiff	_____ %	Real Estate – Commercial	_____ %
Civil Rights/Discrimination	_____ %	Real Estate – Residential	_____ %
Collection/Repossession	_____ %	Elder Law/Social Security	_____ %
Corporate - Formation	_____ %	Tax – Corporate	_____ %
Corporate – General	_____ %	Tax – Individual	_____ %
Criminal	_____ %	Workers' Comp – Defense	_____ %
Domestic Relations	_____ %	Workers' Comp – Plaintiff	_____ %
Estate/Trust/Probate/Wills	_____ %	OTHER <i>please explain</i>	_____ %

*This does not constitute a binder or obligate the company to issue insurance, nor does it obligate the applicant to accept.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\* For your convenience, please fax back to 239-591-6695 or email to [ruthann@attorneysliability.com](mailto:ruthann@attorneysliability.com) with a sample of your letterhead and Florida Attorneys Liability Insurance Agency will provide an indication.**