



Lawyer's Office Package Policy Application

Firm Name: _____

Location Address: _____

Street

City

State

Zip

Mailing Address(if different): _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Firm Website (if applicable): _____

Legal Structure of Firm (Individual, Partnership, LLC, etc): _____

of Attorneys: _____ # of other staff _____

Date Firm was Established: _____

Current Insurance Company: _____ Renewal Date: _____

Premium: _____ Deductible: _____

Any losses in past 5 years? _____ If yes, attach separate sheet and describe.

General Liability Limits: _____ per occurrence _____ aggregate:

Building Limit (if applicable): \$ _____

Business Personal Property Limit: _____

of stories of building: _____ Total square feet of building: _____

Square feet occupied by firm: _____ Age of Building: _____

If over 20 years, date of update of wiring, heating, plumbing, roof: _____

Other occupancies in Building: _____

Building Construction (frame, brick veneer, joisted masonry, fire resistive): _____

Alarms (burglar or fire)? _____ Central Station or local? _____

Is Building sprinklered? _____

Is Building located within city limits? _____

Is the Firm a subsidiary of another entity or does firm own any subsidiaries? If yes,

describe: _____