

**- PARAGON UNDERWRITERS -**  
**Legal Aid / Public Defenders**  
**Premium Estimate Application**

Entity / Organization: _____			
Contact Name: _____			
Street Address: _____			
City: _____	State: _____	County: _____	Zip: _____
Phone: (____) _____		Fax: (____) _____	
E-Mail address: _____		Web Site Address: _____	

**1** Number of full time attorneys on staff \_\_\_\_\_  
Total number of hours worked weekly by ALL part-time attorneys on staff \_\_\_\_\_  
Total number of hours worked annually by ALL volunteer attorneys on behalf of the entity / organization \_\_\_\_\_

**2** Have any staff or volunteer attorneys been the subject of any disciplinary action or had any complaints filed against them in the last 5 years  Yes  No

**3** Have you had or reported any claims or incidents in the last five years?  Yes  No

**4** Please tell us about your current coverage:

_____	_____	_____	_____
Current Professional Liability Carrier/ Program	Current Policy Expiration Date		
_____	_____	\$ _____	_____/_____/_____
Current Limits	Deductible	Annual Premium	Retro Date (if any)

**Current Optional Coverages**

- Management Liability Errors & Omissions
- Employment Practices Liability Limit \_\_\_\_\_
- Primary Pro Bono
- Punitive Damages
- Criminal Defense
- Outside Practice of Law
- Additional Insured
- Other \_\_\_\_\_

**FOR A PREMIUM ESTIMATE >> FAX to (248) 851-1205**