



General Information			
Firm Name (please print)			
Street Name		Mailing Address	
City, State, Zip		City, State, Zip	
Country		State Bar Number	
Phone (with area code)		Fax (with area code)	
Firm Contact: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Initial	Last Name
Specifics			
Please indicate language(s) other than English spoken in your office. (Check all that apply).			
<input type="radio"/> Arabic <input type="radio"/> Armenian <input type="radio"/> Chinese <input type="radio"/> Farsi <input type="radio"/> French <input type="radio"/> German <input type="radio"/> Hebrew <input type="radio"/> Italian <input type="radio"/> Polish <input type="radio"/> Japanese <input type="radio"/> Khmer <input type="radio"/> Korean <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Tagalog <input type="radio"/> Vietnamese <input type="radio"/> Others (please specify):			
Firm's average hourly rate	Contingency fees	% Before trial	% During/After Trial
Firm Malpractice Insurance Information			
Insurance Carrier		Expiration Date	
Any claims made or paid against your current policy? <input type="radio"/> Yes <input type="radio"/> No (If yes, please attach an explanation.)			
Woman, minority and/or disabled business enterprise certification in any city, state or county? <input type="radio"/> Yes <input type="radio"/> No (If yes, please enclose a copy of certification forms or letters.)			
Tax ID Number		Years as a Firm	
Number of Attorneys	Number of Staff Assistant(s)	Number Paralegal(s)	
Areas of Law Practiced			
Miscellaneous Information			
Firm practices in the following states/counties:			
Internet Access <input type="radio"/> Yes <input type="radio"/> No	Website Address		Email Address
Martindale-Hubbell Rating (If applicable)	Years	Participation in other Pre-Paid Plans	
Please check on: <input type="radio"/> Individual Practitioner <input type="radio"/> Law Partnership <input type="radio"/> Law Corporation <input type="radio"/> Practicing Associates			
How did you find out about us?			
This application is relied upon in determining Plans(s) participation and becomes a part of any contract entered into by attorney and the firm. Please have questionnaire signed by an authorized attorney.			
Signature		Date	
Printed Name			