

**Kaestner & Berry
Professional Insurance Services, LLC**

Tel: 314.808.6865
Fax: 314.200.8553
www.kb-insurance.com

Gerry@kb-insurance.com
Mark@kb-insurance.com

INDICATION FORM

Firm Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Email: _____ Phone: _____ Fax: _____
Date Firm Established: _____ # of Attys in Firm: _____ **(Complete the Attorney Roster)**
Docket Type: _____ Computer _____ Tickler _____ Calendars _____ Other _____
Number of suits for fees filed in past 2 yrs: # _____

Conflict Type: _____ Computer _____ Single Index _____ Dual Index _____ Oral/Memory _____ Other _____
Do you use:
Engagement Letters _____ Yes _____ No; Fee Agreements _____ Yes _____ No; Declination Letters _____ Yes _____ No

In the Past 5 years

- Has any member of the firm been disbarred, reprimanded, suspended or had license revoke?
_____ Yes _____ No. **If yes, please complete the Claim Information Supplement.**
- Has any member or former member of the firm been the subject of a malpractice claim filed against them or reported an incident or circumstance to a malpractice carrier?
_____ Yes _____ No. **If yes, please complete the Claim Information Supplement.**

Firm Area of Practice

_____ % Administrative	_____ % Legal Malpractice Defense
_____ % Banking/Financial Institutions	_____ % Legal Malpractice Plaintiff*
_____ % Bankruptcy	_____ % Mediation/Arbitration
_____ % Civil Rights Plaintiff	_____ % Medical Malpractice Defense
_____ % Class Action Defense	_____ % Medical Malpractice Plaintiff*
_____ % Class Action Plaintiff *	_____ % Municipal/Local Government
_____ % Collection	_____ % Oil Gas and Mining
_____ % Commercial & Corp General Lit. Defense	_____ % Personal Injury/Bodily Injury Defense
_____ % Commercial & Corp General Lit. Plaintiff*	_____ % Personal Injury/Bodily Injury Plaintiff*
_____ % Construction Law	_____ % Product Liability Defense
_____ % Corporate Formation	_____ % Product Liability Plaintiff*
_____ % Corp. Mergers/Acquisitions	_____ % Real Estate Residential
_____ % Criminal	_____ % Real Estate Commercial
_____ % Entertainment	_____ % School Law
_____ % ERISA or Employee Benefits	_____ % SEC/State Securities
_____ % Estate Planning	_____ % Social Security
_____ % Estate Probate Trust	_____ % Taxation Corporate
_____ % Family Law	_____ % Taxation Individual
_____ % General Corporate Business	_____ % Traffic
_____ % Immigration Law	_____ % Workers' Compensation Defense
_____ % Intellectual Property	_____ % Workers' Compensation Plaintiff*
_____ % Copyright/Trademark	_____ % Other Please Explain
_____ % Patent	_____
_____ % Labor Management Representation	_____
_____ % Labor Union Representation	_____

100% Total

***COMPLETE THE PLAINTIFF QUESTIONNAIRE**

Current Insurance Information: Name of Current Carrier: _____
Expiring Limits: _____ Deductible: _____ Expiring Premium: _____
Date of first continuous claims-made coverage: _____ Requested Effective Date: _____
Requested Policy Limits: _____ Requested Deductible: _____