

Sanderson Insurance, Inc.  
**Law Office Professional Package**

David Sanderson  
3151 New Germany-Trebein Rd  
Beavercreek, OH 45431

www.OhioAttorneyInsurance.com

Phone: 937-878-3787  
Toll Free: 1-888-368-7248  
Fax: 937-878-2917

Name of Insured \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Current Insurance Provider \_\_\_\_\_ Renewal Date \_\_\_\_\_

Date Firm was Established \_\_\_\_\_ # Attorneys \_\_\_\_\_ # "Of Counsel" \_\_\_\_\_  
*\*Please attach an additional page with dates of hire next to attorneys' names\**

**Claim History:**

Any Property Claims within the last 5 years? \_\_\_\_\_ If "yes", how many? \_\_\_\_\_

Any Liability Claims within the last 5 years? \_\_\_\_\_ If "yes", how many? \_\_\_\_\_

Are you aware of any claims against your firm or any incidents that could result in a claim within the past 5 years? \_\_\_\_\_

*\*If you answered "Yes" to any questions above, please provide detailed information for each claim on a separate sheet\**

**Dwelling and Property:**

Amount of Building Coverage \$ \_\_\_\_\_ Do you own or lease this location \_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_ Type of Construction \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Business Personal Property Coverage \$ \_\_\_\_\_

Personal Property of Others Coverage \$ \_\_\_\_\_

Annual Sales/Receipts \$ \_\_\_\_\_

Business Liability Limits \$ \_\_\_\_\_

**Professional Liability:**

Limits of Insurance \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Prior Acts Date FULL or Other \_\_\_\_/\_\_\_\_/\_\_\_\_

**Area of Practice Percentages (percentage must total 100%)**

Administration	_____%	Mergers/Acquisitions	_____%
Arbitration/Mediation	_____%	Municipal	_____%
Banking/Financial Institutions	_____%	Real Estate: Commercial	_____%
Bankruptcy	_____%	Real Estate: Residential	_____%
BI/PI Defense	_____%	Elder Law/Social Security	_____%
BI/PI Plaintiff	_____%	Tax: Corporate	_____%
Civil Rights/Discrimination	_____%	Tax: Individual	_____%
Collection/Repossession	_____%	Workers Comp: Defense	_____%
Corporate: Formation	_____%	Workers Comp: Plaintiff	_____%
Corporate: General	_____%	*OTHER	_____%
Criminal	_____%	*Explain: _____	
Domestic Relations	_____%	_____	
Estate/Trust/Probate/Wills	_____%	_____	
Healthcare	_____%	_____	
Labor Law: Management	_____%		
Labor Law: Union	_____%		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form does not bind coverage. Please allow up to 48 hours for a response