

PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

ATTORNEY PROFILE

Name: First _____ Last _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Facsimile: _____

E-mail Address: _____ Florida Bar Number: _____

Firm Name: _____

Practice Information

Years in Practice: _____ States Licensed to Practice: _____

Firm Specialties / Areas of Practice: _____

Educational Background

Undergraduate and Graduate Schools Attended and Degrees Earned: _____

Professional Associations and Dates of Membership

Are you now or have you ever been subject to disciplinary action by any bar association or regulatory agency? If yes, please explain: _____

Are you currently carrying malpractice insurance? _____

Signature

Printed Name

Date

Preferred Legal Plan thanks you for the above profile information. Your signature above certifies the information given is accurate. You will be contacted with further information.