



PRONET INTERNATIONAL, INC.

"Your Source for Insurance Professionals"

Application for Membership Attorney

1. Firm Name: _____
2. Years in Business: _____
3. Principal Location: _____
4. Other Locations: _____

5. Territories Covered: _____

6. Contact Name: _____
7. Phone: (____) ____ - ____ 8. After-hours Phone: (____) ____ - ____ 9. Fax: (____) ____ - ____
10. Email / Website: _____
11. Please list software applications used:
 - a) Office Admin.: _____
 - b) Legal: _____
 - c) Other: _____
12. Please indicate the total number of lawyers at each location: _____
13. Please indicate the total number of administrative staff: _____
14. For each location interested in membership, please provide the following information in percentages:

<u>Type</u>	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>	<u>Location # 4</u>
Insurance Defense				
Self-Insurance Defense				
Corporate Law				
Plaintiff (Negligence)				
Other				

15. Within your defense work, what percentage is...

<u>Type</u>	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>	<u>Location # 4</u>
Auto Liability & General Liability				
Products Liability				
Malpractice				
Environmental				
First Party Coverage				
Workers' Compensation				
Marine				
Aviation				
Other (specify if significant)				

16. Does your firm litigate at both trial and appellate levels? Yes No
 If yes, in both State and Federal Court? Yes No

17. Are you listed in Martindale-Hubbell? Yes No

18. Are you listed in Best's Directory? Yes No

19. Please list any existing members of ProNet International, Inc. who are affiliated with this applicant:

20. Please list your firm's professional affiliations:

21. Is the applicant a member of any other group, association, or network? Yes No If yes, please list:

22. Have any claims been made against your firm in the past 10 years? Yes No
23. Has your firm ever been sued for malpractice? Yes No
24. Has your firm ever been sued for any reason other than malpractice? Yes No
25. Who is your current legal malpractice insurer? _____
26. What are the limits of your current malpractice insurance coverage? _____
27. Please list three (3) references for whom you've conducted defense work within the past three (3) years:

	<u>Reference # 1</u>	<u>Reference # 2</u>	<u>Reference # 3</u>
Company			
Address			
Telephone			
Contact Name			
Contact Title			

CONDITIONS AND AGREEMENTS:

I understand that submission of this application to ProNet International, Inc. is for consideration only and does not mean that membership is guaranteed. I give ProNet International, Inc. permission to check references and make reasonable inquires as to the representations made on this application in assessing my candidacy for membership. If my application is accepted, I agree to abide by the standards and guidelines set forth by ProNet International, Inc., its affiliates, subsidiaries, and Web site. I also understand that failure to do so could result in termination of my membership without refund.

Further, I understand that joining ProNet International, Inc. does not guarantee me business. However, I understand that ProNet International, Inc. does guarantee to put forth its best efforts to diligently advertise and market my company and other ProNet International, Inc. members in order to establish new business for me and in accordance to ProNet International, Inc. standards.

As a condition of my membership, I will inquire as to how new business was referred to me. I understand that if new business is a result of my affiliation with ProNet International, Inc. that I will report this information to the ProNet International, Inc. Further, I agree to pay all membership dues within 30 days of invoice for claim assignments received as a result of my affiliation with ProNet International, Inc.

Signature (For the Firm)

Date

When finished, please fax or mail the completed application to:

ProNet International, Inc.
410 Sovereign Ct., Unit 8
Ballwin, MO 63011
Fax: 636-391-3903