

Insurance Law 2009
Subject Matter Application
(updated 10/27/08)

Name: _____

Firm: _____

Please indicate the areas in which you are willing to take referrals.

- _____ INS1-Automobile
- _____ INS2-Homeowner
- _____ INS3-Medical Coverage
- _____ INS4-Disability (not state/teachers)/ERISA

I hereby certify that I meet the licensing requirements of the court before which I practice and am qualified to accept cases in Insurance Law.

Signed _____

Date _____

Please return to:
LRS
P.O. Box 218
Austin TX 78767

Fax: 472-2695
Attorney Line: 472-1311