



A DIVISION OF
HERBERT L. JAMISON & CO., L.L.C.
An AssuredPartners, Inc. Member Firm
1-800-JAMISON
Fax: 973-731-3035
www.jamisongroup.com

Firm name: _____

Year firm **FIRST** established (**Including** any name changes): _____

Address: _____

City: _____ County: _____ St: _____ Zip: _____

Contact name: _____ Title: _____

E-mail: _____ Website: _____

Telephone: _____ Fax: _____

AAJ Member Name: _____ AAJ Membership #: _____

1. FIRM'S PRACTICE:

- a) Total Number of Lawyers Including of Counsel, and Part-time: This year _____, Last year _____, Two years ago _____
- b) Firms estimated annual gross revenue for this year: \$ _____, Last year: \$ _____ Two years ago: \$ _____
- c) Describe Firm's practice by showing the approximate percentage of gross billable dollars during the past year derived from the following areas of practice (*areas of practice that are in bold require a Supplement*):

Area of Practice	Last Year	This Year	Current breakdown within particular area of law: (must equal 100%)		
BI/PD & Personal Injury Litigation	%	%	% Plaintiff	% Defense	% Plaintiff Class Action
Criminal	%	%	% Plaintiff	% Defense	
General Corporate Advice/Litigation	%	%	% Plaintiff	% Defense	% Advice/Other
Admiralty Law (Except Labor Relations)	%	%	% Plaintiff	% Defense	% Contract Law/International Law
Environmental	%	%	% Plaintiff	% Defense	% Compliance Advice
Oil & Gas	%	%	% Plaintiff	% Defense	% Contract/Other
Copyright/Patent	%	%	% Plaintiff	% Defense	% Advice/Fillings
Securities Practice including Syndication's/Bonds/Tax	%	%	% Plaintiff	% Defense	% All Other Sec Work
Labor Relations	%	%	% Union/Labor Representation	% Management Representation	% Others
Municipal Law (Except bonds)	%	%	% Defense	% Advice on Finance/Investments	% Others
Bankruptcy	%	%	% For Creditor	% For Debtor	% Court appointed Trustee
Estate/Trust/Probate	%	%	% Estate	% Trust	% Probate
Real Estate	%	%	% Commercial	% Residential	% Litigation
Domestic Relations	%	%	% Contested Divorce	% Un-contested Divorce	% Others
Entertainment	%	%	% Including Money Mgmt	% Ex-Money Mgmt	% Litigation
Corporate/Partnership Formation/Alteration	%	%	% Corporate	% Partnership	% Mergers & Acquisition
Taxation	%	%	% Personal	% Corporate	% International
Banking/Savings & Loan	%	%			
Others (Including Referrals)	%	%	% Plaintiff	% Defense	
Describe Others:					
Overall Total	%	%			

d) **Plaintiff Practice:**

- i) Do you advertise your services on television or the radio? *If yes, please attach scripts or the advertisement or provide an explanation of the specific nature of the advertisement.* YES NO
- ii) Does the Firm require that a Client consents in writing to the terms and conditions of a proposed settlement before that settlement is consummated? YES NO
- iii) What is the average case load per attorney on an annual basis? _____
- iv) What is the average dollar value of verdicts rendered in favor of the firm's clients in the past 2 years? _____
- v) What is the average dollar value of settlements entered into on behalf of the firm's clients in the past 2 years? _____
- vi) Maximum dollar value of any one case in the past 2 years? _____
- vii) What percentage of the firm's cases proceed to verdict? _____
- viii) What percentage of the firm's cases are referred to you by other law firms? _____
- ix) What percentage of your total practice are:

*Product Liability _____ %	*Medical Malpractice _____ %
**Class Action/Mass Tort _____ %	Legal Malpractice _____ %
Automobile Accident _____ %	Slip & Fall _____ %
Property Damage _____ %	Workers Comp _____ %
Other _____ %	
(describe others): _____	

*On a separate sheet, please explain the following on any **Medical Malpractice** and/or **Product Liability** cases you participate(d) in the past three (3) years.

Attorney's experience in practice	Maximum dollar value of any one case past three years
Does the firm subcontract any cases	List of top five (5) cases in the past three years

On a separate sheet, please explain the types of **Class Action/Mass Tort cases you participate(d) in the past three (3) years and/or anticipate participating in the next twelve months: Provide the following:

Name of Plaintiff and Defendants	Has the class been "Certified"?
Date of Verdict/Settlement	Number of clients in each case
Overall Case Value	Lead Counsel or Non-Lead
Nature of cause of action of each case	Attorney's experience in class action representation.

2. CURRENT COVERAGE:

Carrier: _____
 Expiration: ____/____/____ Retroactive date: ____/____/____ # of attorneys last year: _____
 Limit of liability: \$ _____ Deductible: \$ _____ Expiring Premium: \$ _____
 Defense Costs: _____ Deductible Type: _____
 Has this firm (regardless of name changes) been insured for at least 5 years? (Circle one) YES NO
 If no, please provide the date from which the firm has been continuously insured: _____

3. ATTORNEYS:

Attorney name Sole practitioners please be sure to list yourself	Designation Code (See below)	Social Security Number	Years in Private Practice	Date first joined the applicant firm. Include any name changes to the firm	For Of counsel and part-time attorneys only: Average # of hours worked per week

Designation Codes:

O = Officers, Directors or Shareholders of the corporation who are licensed as lawyers	S = Sole Proprietor
E = Employed lawyers (must be employee of applicant firm)	P = Partners of a Partnership
C = Of counsel attorneys for whom coverage is desired	PT = Less than 26 hours per week

4. CLAIMS, POTENTIAL CLAIMS and DISCIPLINARY ACTIONS:

- a) Has any professional liability claim or suit been made in the past seven (7) years against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)? YES NO **TOTAL NUMBER:** _____
 Have all claims or suits been reported to and accepted by current or past insurer? YES NO
- b) After inquiry, does any firm member know of any circumstance, situation, act, error or omission that could result in a professional Liability claim or suit against the firm or its predecessor firm(s) or any current or former member of the firm or its predecessor firm(s)? YES NO **TOTAL NUMBER:** _____
 Have all circumstances been reported to and accepted by current or past insurer? YES NO

If you answered "yes" to either A or B, please attach a copy of the Claim Supplement completed for your current Insurer and update same as needed. If you do not have a supplement, please call to request one. Do NOT send the Summons and Complaint.

- c) Has member of the firm ever been refused admission to practice, disciplined, censured, disbarred, suspended, fined or held in contempt by any court, or put on probation by any state or local bar association, administrative agency or regulatory body. *If yes, please provide details.* YES NO
- d) In the past five years, has a professional liability insurer declined to offer coverage, non-renewed coverage or cancelled coverage for your firm? *If yes, please provide details.* YES NO

6. ADMINISTRATIVE CONTROLS, and RISK MANAGEMENT:

- a) Is the Applicant managed by an Executive Committee? YES NO
 If yes, how many Partners Officers comprise the Committee? _____
 How often has the Committee met in the past 12 months? _____
- b) Are new Clients and new matters subject to approval of the Applicant's Executive Committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case? YES NO
- c) Are all Associates under the direct supervision of a Partner or Officer? YES NO
- d) Does the Applicant have a written policy requiring complaints to be reviewed by Partner and/or Executive Committee other than the Lawyer about whom the complaint is made? YES NO
- e) In the past five years, has your firm merged, been acquired, or experienced a change in membership of at least 50% of the firm's attorneys? YES NO
 If yes, please provide the date of change: ____m/____d/____y
- f) Number of support staff: _____
- g) Does your Firm have a full-time legal administrator? YES NO
 If yes, are they a member of the Association of Legal Administrators (ALA)? YES NO
 Do they hold a CLM Certificate? YES NO
- h) How many attorneys have participated in CLE during the last 12 months? _____
- i) Are two signatures required for all withdrawals of funds from Custodial Accounts? YES NO
- j) Do you maintain a Docket Control System with at least two independent date controls? YES NO
- k) Are two separate individuals involved in managing the system? YES NO
- l) Is it computerized? YES NO
- m) Is all incoming mail checked centrally for critical dates by a person(s) responsible for the docket control before being distributed to the to the Lawyer(s) handling the matter? YES NO
- n) Do you maintain a Conflict of Interest Avoidance system? YES NO
- o) Is it computerized? YES NO
- p) Is the conflict search always completed prior to accepting a Client? YES NO
- q) Are potential conflicts always referred to an independent conflict Partner or Committee? YES NO
- r) For what percentage of cases does the Applicant:
 (i) When accepting a representation send an engagement letter which clearly shows the scope of Services to be performed and the terms and rates in which the matter will be billed? %
 (ii) When declining a representation send a non engagement letter? %
 (iii) When ceasing representation send a disengagement letter? %
 (iv) Incorporate a fee mediation/arbitration clause into the retainer/engagement letter? %
- s) What percentage of cases are referred to you by other law firms? %
 a. Do you use written referral agreements in all cases that are referred to you? YES NO
 b. Do you use written referral agreements in all cases that are referred by you to other law firms? YES NO
- t) How many suits for the collection of fees have you filed against your clients in the last 24 months? _____
- u) Does/has any attorney serve(d) as a Director/Officer, or have equity interest or option for equity in a client? YES NO
- v) Does any single client represent 10% or more of your firm's total gross billings? YES NO
- w) Do any of your attorneys/employees act as title agents? YES NO
- x) Does the firm or any of its members own or control a title agency? YES NO
- y) Does the law firm accept cases within six (6) months of the Statute of Limitations YES NO
- z) In the last Ten years, has the Applicant provided Legal Services to any Financial Institution? YES NO
- aa) Does your firm now, or has it ever, shared, office space, or any part of your premises with another firm or business?
 YES NO
- bb) Please identify what systems the firm utilizes to prevent unauthorized access to computers and networks.

- cc) How often are virus definitions updated? _____
- dd) Is all client personal, private, sensitive and confidential information sent via encrypted e-mail? YES NO
- ee) Is all client information stored on laptops, smart phones, PDAs, portable storage devices or other portable devices encrypted? YES NO

PLEASE ATTACH A SAMPLE OF YOUR FIRM'S LETTERHEAD

The Applicant declares and warrants that, after enquiry, to the best knowledge of all person to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the rights to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been omitted, suppressed, or misstated.

Underwriters also reserve the right to amend the terms, conditions, and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such Policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete these Insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued.

This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

Authorized Signature of Owner, Partner, Managing Member

Date