

# Jamison Underwriting Services



A DIVISION OF  
HERBERT L. JAMISON & Co., L.L.C.

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: \_\_\_\_\_

**1. FIRM'S PRACTICE:** 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%)		
			% Plaintiff	% Defense	% Other
Admiralty / Maritime	%	%	% Plaintiff	% Defense	% Other
Alternative Dispute Resolution	%	%			
Antitrust	%	%	% Plaintiff	% Defense	% Other
Appellate	%	%			
Business Formation & Alteration	%	%	% Formation/ Dissolution	% Mergers & Acquisitions	% Other
Bankruptcy & Collection	%	%	% Creditor	% Debtor	% Court Appointed Trustee
Business & Commercial Litigation	%	%	% Plaintiff	% Defense	
Business Transactions – Corporate & Commercial	%	%	% Public Corporations	% Private Corporations/ Individuals	% Other
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Other
Construction Law / Building Contracts	%	%	% Plaintiff	% Defense	% Transactional
Consumer Claims / Administrative Law	%	%			
Criminal Law	%	%			
Employee Benefits	%	%			
<b>Entertainment Law</b>	%	%	% Incl. Money Management	% Excl. Money Management	
Environmental Law	%	%	% Plaintiff	% Defense	% Other
<b>Estates, Probate &amp; Trust</b>	%	%	% Estate Planning	% Trust Administration	% Other
Family Law	%	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	%	% General or Financial Advice	% Defense	% Other
<b>Financial Institutions</b>	%	%			
<b>General Civil Litigation</b>	%	%	% Plaintiff	% Defense	% Other
Health Care	%	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%	%			
Insurance Defense	%	%	% Litigation	% Coverage	% Other
<b>Intellectual Property</b>	%	%	% Patent	% Trademark / Copyright	% Litigaton
Labor & Employment	%	%	% Management	% Union/Labor	% Other
Natural Resources / Oil & Gas	%	%	% Plaintiff	% Defense	% Other
<b>Real Estate</b>	%	%	% Commercial	% Residential	% Title
<b>Securities / Corporate Bonds</b>	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other ( <i>Please provide details</i> )	%	%			
<b>TOTAL MUST EQUAL 100%</b>					

**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 <b>first</b> 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  
 E = Employed lawyers (must be employee of applicant firm)  
 C = Of counsel attorneys for whom coverage is desired  
 S = Sole Proprietor  
 P = Partners of a Partnership  
 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: \_\_\_\_\_
- 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: \_\_\_\_\_

**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, disbarred, suspended, fined or held in contempt by any court, state or local bar association, administrative agency or regulatory body. YES NO  
 If yes, please provide full details including final disposition.
- 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

**5. SUITS FOR FEES:** How many suits for the collection of fees have you filed against your clients in the last 12 months? \_\_\_\_\_

**6. ADMINISTRATIVE CONTROLS:**

- a) Do you maintain a Docket Control System with at least two independent date controls? YES NO
- b) Are two separate individuals involved in managing the system? YES NO
- c) Is it computerized? YES NO
- d) Do you maintain a Conflict of Interest Avoidance system? YES NO
- e) Is it computerized? YES NO
- f) Does/has any attorney serve(d) as a Director/Officer, or have equity interest in a client? YES NO
- g) Does any single client represent 10% or more of your firm's total gross billings? YES NO
- h) Do any of your attorneys/employees act as title agents? YES NO
- i) If yes, does the firm or any of its members own or control a title agency? YES NO
- j) Does your firm now or has it ever shared, common office space, or any part of your premises with another law firm? YES NO
- k) 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? If yes, please provide the date of change. \_\_\_\_/\_\_\_\_/\_\_\_\_
- l) Number of support staff: \_\_\_\_\_
- m) Does your Firm have a full-time legal administrator? \_\_\_\_\_ If yes, are they a member of the Association of Legal Administrators (ALA)? \_\_\_\_\_ Do they hold a CLM Certificate? \_\_\_\_\_
- n) How many attorneys have participated in CLE during the last 12 months? \_\_\_\_\_
- o) Estimated annual gross revenue for this year: \$ \_\_\_\_\_
- p) Circle **ALL** that apply: Engagement letters Non-engagement letters Disengagement letters Retainer agreements

**PLEASE ATTACH A SAMPLE OF YOUR FIRM'S LETTERHEAD**

\_\_\_\_\_  
 Signature of Owner, Partner, Managing Member

\_\_\_\_\_  
 Date