



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):

	<b>Areas of Practice</b>
%	Intellectual Property Litigation
%	Patent Infringement Counseling
%	Domestic Intellectual Property Licensing
%	Foreign Intellectual Property Licensing
%	Domestic Patent Prosecution
%	Foreign Patent Prosecution
%	Domestic Trademark Registration and Prosecution
%	Foreign Trademark Registration and Prosecution
%	Copyright Registration
%	Validity and Infringement / Non-Infringement Opinions / Counseling
%	Expert Testimony in IP Litigation
%	Patent Searches
%	Other IP-related work including, but not limited to. Trademark Secret Counseling
%	Other ( <i>Please provide details</i> )
<b>TOTAL MUST EQUAL 100%</b>	

**2. ATTORNEYS:**

<u>Attorney name</u> Sole practitioners please be sure to list yourself	Designation Code (See below)	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

**ATTORNEYS (Continued):**

Attorney name Sole practitioners please be sure to list yourself	Designation Code (See below)	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

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**3. 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: \_\_\_\_\_

**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 \_\_\_\_\_