



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):

	Areas of Practice
%	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>)
TOTAL MUST EQUAL 100%	

2. ATTORNEYS:

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