

1-800-JAMISON Fax: 973-731-3035 www.jamisongroup.com

Firm name:			
	Year firm <i>FIRST</i> establish	ned (<i>Including</i> any nam	e changes):
Address:			
City:	County:	St:	Zip:
Contact name:	Titl	le:	
E-mail:	We	ebsite:	
Telephone:	Fa.	x:	

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 w	ithin particular area (of law: (must equal
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	%	%			
Entertainment Law	%	%	% Incl. Money Management	% Excl. Money Management	
Environmental Law	%	%	% Plaintiff	% Defense	% Other
Estates, Probate & Trust	%	%	% Estate Planning	% Trust Administration	% Other
Family Law	%	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	%	% General or Financial Advice	% Defense	% Other
Financial Institutions	%	%			
General Civil Litigation	%	%	% Plaintiff	% Defense	% Other
Health Care	%	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%	%			
Insurance Defense	%	%	% Litigation	% Coverage	% Other
Intellectual Property	%	%	% Patent	% Trademark / Copyright	% Litigation
Labor & Employment	%	%	% Management	% Union/Labor	% Other
Natural Resources / Oil & Gas	%	%	% Plaintiff	% Defense	% Other
Real Estate	%	%	% Commercial	% Residential	% Title
Securities / Corporate Bonds	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other (Please provide details)	%	%			
TOTAL MUST EQUAL 100%					

Expiration: /	1		Retroactive date:	1 1	# of atto	rneys last year:	
Limit of liability: \$			Deductible: \$		Expiring	Premium: \$	
Defense Costs:			Deductible Type:			_	
Has this firm (regardle	ess of name cha	inges) beer	n insured for at least 5 y	ears? (Circle one	∍)	YES	NO
If no, please	provide the date	e from whic	ch the firm has been cor	ntinuously insured	d:		
3. ATTORNEYS:							
3. ATTORNETS.			Date <i>first</i> joined	For Of counsel	and nart-	7	
Attorney name	Designation	Years in	the applicant firm.	time attorney			
Sole practitioners please be	Code	Private	Include any name	Average # of			
sure to list yourself	(See below)	Practice	changes to the firm	worked per			
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Designation Codes:	1		1			_	
O = Officers, Directors or Sh			are licensed as lawyers	S = Sole Proprietor			
E = Employed lawyers (mus				P = Partners of a Pa			
C = Of counsel attorneys for	wnom coverage is o	aesirea		PT = Less than 26 h	ours per week	<	
4. CLAIMS, POTENTIAL CLA	IMS AND DISCI	IDI INADV	ACTIONS:				
a) Has any professional liabil				eare against the	firm or ite r	oredecessor firm	(e) or any
current or former member				YES	NO NO	TOTAL NUMBE	
b) After inquiry, does any firm							
liability claim or suit agains	t the firm or its i	nredecesso	or firm(s) or any current	or former member	er of the fir	m or its predece	ssor
firm(s)?		prodocec	or minio, or any carroni	YES	NO NO	TOTAL NUMBE	
(0):				120	110	TOTAL NOMBI	
If you answered "yes" to eit	her A or B. plea	ase attach					
			a copy of the Claim S	Supplement com	pleted for	vour current In	surer and
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upuate same as needed. II	you do not have		na copy of the Claim S nent, please call to requ				
c) Has member of the firm e	ever been refuse	e <i>a supplen</i> ed admissi	nent, please call to requon on to practice, disbarre	est one. Do NO	T send the	Summons and (Complaint.
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