Legal Malpractice Insurance Questionnaire

Jacobson Professional Insurance

PO Box 7017 West Orange, NJ 07052 Phone:(973) 671-1701

Fax: (973) 671-1702

Please return to: Scott Jacobson scott@jacobsonprofessional.com

Firm name:							
Address:							
City:	County:		State:	Zip:			
Contact name:		Title:					
E-mail:		Website:					
Phone:		Fax:					
Name and address of back-up attorney (if sole practit	ioner)						
Year firm <u>FIRST</u> established:							

Area of Practice	Last Year %	This Year %	Current breakdown within particular area of law: (must equal 100%)				
Admiralty / Maritime			% Plaintiff	% Defense	% Oth		
Alternative Dispute Resolution	%	%					
Antitrust	%	%	% Plaintiff	% Defense	% Oth		
Appellate	%	%					
Business Formation & Alteration	%	%	% Formation/ Dissolution	% Mergers & Acquisitions	% Oth		
Bankruptcy & Collection	%	%	% Creditor	% Debtor	% Co Appointed Trust		
Business & Commercial Litigation	%	%	% Plaintiff	% Defense			
Business Transactions	%	%	% Public	% Private	% Otl		
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Ot		
Construction Law / Building Contracts	%	%	% Plaintiff	% Defense	% Transactio		
Consumer Claims / Admin. Law	%	%					
Criminal Law	%	%					
Employee Benefits	%	%					
Entertainment Law	%	%	% Incl. Money Management	% Excl. Money Management			
Environmental Law	%	%	% Plaintiff	% Defense	% Ot		
Estates, Probate & Trust	%	%	% Estate Planning	% Trust Administration	% Ot		
Family Law	%	%	% Divorce	% Adoption	% Ot		
Federal, State & Local Government	%	%	% General or Financial Advice	% Defense	% Ot		
Financial Institutions	%	%					
Health Care	%	%	% Plaintiff	% Defense	% Ot		
Immigration & Naturalization	%	%					
Insurance Defense	%	%	% Litigation	% Coverage	% Ot		
Intellectual Property	%	%	% Patent	% Trademark / Copyright	% Litigat		
Labor & Employment	%	%	% Management	% Union/Labor	% Ot		
Natural Resources / Oil & Gas	%	%	% Plaintiff	% Defense	% Ot		
Personal Injury	%	%	% Plaintiff	% Defense	% Ot		
Real Estate	%	%	% Commercial	% Residential	% T		
Securities / Corporate Bonds	%	%					
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Ot		
Workers Compensation	%	%	% Employer	% Employee			
Other (Provide details)	%	%					

Limit of liability: \$ Deductible: \$ Expi Defense Costs: Deductible Type: Has the firm been insured for at least five years? (Circle one) If no, please provide the date from which the firm has been continuously insured: ATTORNEY INFORMATION: Individual Attorney Name Designation Social Security Number Years in Date FIRST joined Average Continuously insured:	Car	rier:) COVERAG								
Limit of liability: \$	Exc	iration: /	/ / Prior Acts Date: / / Exni						oiring # of attorneys:		
Define Costs:	Lim	it of liability: \$		Deductible: \$ Expi				piring Premium: \$			
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