

Legal Malpractice Insurance Questionnaire

Jacobson Professional Insurance

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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 practitioner) _____

Year firm **FIRST** established: _____

FIRM'S PRACTICE: Identify percentage of gross revenue during the past year from the following areas of practice.

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	%	%	% Public	% Private	% Other
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Other
Construction Law / Building Contracts	%	%	% Plaintiff	% Defense	% Transactional
Consumer Claims / Admin. 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	%	%			
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
Personal Injury	%	%	% Plaintiff	% Defense	% Other
Real Estate	%	%	% Commercial	% Residential	% Title
Securities / Corporate Bonds	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other (<i>Provide details</i>)	%	%			
TOTAL MUST EQUAL 100%					

CURRENT (or desired) COVERAGE:

Carrier: _____
Expiration: ____/____/____ Prior Acts Date: ____/____/____ Expiring # of attorneys: _____
Limit of liability: \$ _____ Deductible: \$ _____ Expiring Premium: \$ _____
Defense Costs: _____ Deductible Type: _____
Has the firm been insured for at least five years? (Circle one) YES NO
If no, please provide the date from which the firm has been continuously insured: _____

ATTORNEY INFORMATION:

Individual Attorney Name	Designation Code	Social Security Number	Years in Practice	Date FIRST joined the applicant firm.	Average # of hours worked per week	Member # of State Bar Association

Designation Codes:

O = Officers, Directors or Shareholders who are licensed attorney
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

CLAIMS, POTENTIAL CLAIMS AND DISCIPLINARY ACTIONS:

- a) Has any professional liability claim or suit been made in the past five (5) 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) 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, disbarred, suspended, fined or held in contempt by any court, administrative agency or regulatory body. If yes, please provide full details including final disposition YES NO
- 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

SUITS FOR FEES: How many suits for the collection of fees have you filed against your clients in the last 12 months? _____

INTERNAL 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 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 Web _____