



Couch Braunsdorf Insurance Group

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Firm name: _____
 Address: _____
 City: _____ County: _____ St: _____ Zip: _____
 Contact name: _____ Title: _____
 E-mail: _____ Website: _____
 Telephone: _____ Fax: _____

Area of Practice	Last Year	This Year	Current breakdown within the area of law: (must equal 100%)		
Alternative Dispute Resolution	%	%			
Appellate	%	%			
Business Formation & Alteration	%	%	% Form/Diss.	% M & A	% Other
Bankruptcy	%	%	% Creditor	% Debtor	% Trustee
Bus. & Commercial Litigation	%	%	% Plaintiff	% Defense	
Bus. Trans – Corp & Commercial	%	%	% Public Corp	% Priv. Corp/Individ	% Other
Civil Rights & Discrimination	%	%	% Plaintiff	% Defense	% Other
Collection	%	%	% Consumer	% Commercial	
Construction Law / Building Contracts	%	%	% Plaintiff	% Defense	% Transactional
Consumer Claims / Admin. Law	%	%			
Criminal Law	%	%			
Environmental Law	%	%	% Plaintiff	% Defense	% Other
Estates, Probate & Trust	%	%	% Estate Planning	% Trust Admin	% Other
Family Law	%	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	%	% General	% Defense	% Other
Financial Institutions	%	%			
General Civil Litigation	%	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%	%			
Insurance Defense	%	%	% Litigation	% Coverage	% Other
Intellectual Property	%	%	% Patent	% Trade/Copy	% Litigation
Real Estate	%	%	% Commercial	% Residential	% Title
Securities / Corporate Bonds	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other (<i>Please provide details</i>)	%	%			
TOTAL MUST EQUAL 100%					

FIRM ESTABLISHMENT DATE (inclusive of name changes): _____

Name and Address of BACK UP ATTORNEY if a Sole Practitioner: _____

CURRENT (or desired) COVERAGE:

Carrier: _____

Expiration: ____/____/____ Retroactive date: ____/____/____ # of attorneys: _____

Limit of liability: \$ _____ Deductible: \$ _____ Expiring Premium: \$ _____

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: _____

ATTORNEYS:

Attorney name Sole practitioners please be sure to list yourself	Designation Code (See below)	Year Admitted	Date <i>first</i> joined the applicant 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

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) 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 *suspended, reprimanded, fined or held in contempt* by any court, state or local bar association, administrative agency or regulatory body. Under any *current investigation*? ~~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

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

ADMINISTRATIVE CONTROLS:

- a) Maintain a Docket Control System with at least two independent date controls? YES NO
- b) Are two separate individuals involved in managing the system? Computerized? YES NO
- c) Maintain a Conflict of Interest Avoidance system? Computerized? ~~YES~~ ~~NO~~
- d) Any attorney serve(d) as a Director/Officer, or have equity interest in a client? YES NO
- e) Any single client represent 10% or more of your firm's total gross billings? ~~YES~~ ~~NO~~
- f) Does the share common office space with another law firm? YES NO
- g) 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. ____/____/____
- h) Number of support staff: _____
- i) Does your Firm have a full-time legal administrator? _____ Member of the Assoc. of Legal Administrators (ALA)?
- j) How many attorneys have participated in CLE during the last 12 months? _____
- k) Estimated annual gross revenue for this year: \$ _____
- l) Circle **ALL** that apply: Engagement letters Non-engagement letters Disengagement letters Retainer agreements

Personal Injury Work (if applicable):

Total Number of PI cases in the last 12 months:

Average dollar value of cases:

Maximum dollar value of cases:

Any med mal, mass tort or class action work?

If yes, what type & % of the overall PI work?

What % of your PI cases are:

Auto accident:

Premises Liability:

Product Liability:

Other:

% of cases referred to you by other law firms:

% of cases referred by you to other law firms:

Real Estate Practice (if applicable):

What % of your RE work is:

Residential Closings:

Commercial Closings:

Landlord/Tenant:

Municipal Land Use:

Other:

As regards your real estate closings during the last 12 months:

Residential

Commercial

Approximate number of transactions

Average size/value of transaction

Largest size/value of transaction

Estate/Trust/Probate Practice (if applicable):

Does the practice area only entail the preparation of simple wills & probate administration?

Any authority to write checks?

Any investment advice or discretionary investment authority?

Any firm lawyer act as a Trustee & if yes what is the approximate value of the trust?

Does the value of any estate/trust exceed 5M?

Matrimonial (Divorce) Practice (if applicable):

What has been the average value of property settlement handled?

What has been the highest value of property settlement handled?

PLEASE ATTACH A SAMPLE OF YOUR FIRM'S LETTERHEAD & CURRENT DECLARATIONS PAGE

Signature of Owner, Partner, Managing Member

Date