

TO: **Sandy Healey - Jorgensen & Company**
42 Allendale Ave
Allendale, NJ 07401
(201) 345 2456 (Voice) (201) 818 5680 (Fax)



Please provide me with your most competitive **NO OBLIGATION** premium estimate for professional liability coverage

Firm:		Contact:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Staff List: (Designations: O=Owner, P=Partner, A=Associate, IC=Independent Contractor, OC=Of Counsel, PA=Patent Agent)

Are engagement letters or retainer agreements, that establish the scope of your firm's representation, required to be sent to all new clients:

YES: NO:

Have you ever sued a client (past or present) for uncollected fees:

YES: NO:

Has any member of your firm handled class action or mass tort litigation in the past 5 years:

YES: NO:

Has any member of your firm been disbarred or been the subject of a disciplinary proceeding:

YES: NO:

Name:	Hire Date: (mm/dd/yy)	Designation (Full or Part Time)
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(Please continue on a separate sheet if necessary)

Type Of Practice: What percentage of gross billings are earned from the following (Total Must Equal 100%):

Intellectual Property Area of Practice:	Non IP Area of Practice:	
Intellectual Property Litigation _____%	Comm./Residential Real Estate: _____%	Entertainment: _____%
Trademark Registration _____%	Collections/Repossessions: _____%	Estate/Probate/Trust/Wills: _____%
Trademark Search _____%	Securities/Bonds: _____%	Domestic Relations: _____%
Patent/Copyright/Trademark Licensing _____%	Taxation: _____%	Criminal: _____%
Intellectual Property Counseling _____%	Corporate/Commercial Litigation: _____%	Labor/Management/Union: _____%
IP Infringement/Opinions _____%	Corporate Formation/Alteration: _____%	Arbitration/Mediation: _____%
Domestic Patent Prosecution _____%	Plaintiffs/BI/PI: _____%	Immigration: _____%
Foreign Patent Prosecution _____%	Defense/Insurance/BI/PI: _____%	*Other Non-IP Practice Area: _____%
Domestic Patent Search _____%	Workers Compensation/PI _____%	*Describe Other IP/Non-IP services below :
Foreign Patent Search _____%	Financial Institutions/Banking: _____%	_____
*Other IP Services _____%	Workers Compensation/Defense: _____%	Total: _____
	Bankruptcy: _____%	100%

Insurance History: Renewal date: ___ / ___ / ___ Insurer: _____ Limit: \$ _____ Deductible: \$ _____

Retroactive Date (if applicable): ___ / ___ / ___ Current annual premium: \$ _____

Claims History (if applicable): Claim 1 Claim 2 Claim 3

	Claim 1	Claim 2	Claim 3
Date Claim or Incident Reported:			
Amount Paid (Including Expenses):			
Open/Closed:			