IMPORTANT NOTES: In order to make completion as easy as possible for you, this form is designed to be completed on your computer. Alternatively, you may print the blank form and complete it manually. When using the onscreen option, you may save the form (completed or even partially completed) by choosing "SAVE AS" and renaming the document. This option will retain all information entered. If you have the appropriate software, you may also choose "Print to PDF." For more information, please visit www.Adobe.com.

New Jersey Legal Malpractice Insurance Request for Premium Estimate

GARDEN STATE PROFESSIONAL INSURANCE AGENCY

P.O. Box 463
Tennent, NJ 07763
PH 732-462-8929 / FAX 732-577-8836
Email: applications@gsagency.com

Name of Law Firm:			
Street Address			
City:	**County**	**State:** *New Jersey*	**Zip**
Contact Name:		**Email:**	
Phone:	**Fax:**	**Website:**	

Firm's Areas of Practice during the previous year (whole numbers only please) – must total 100%

% Admiralty / Marine – Defense	% Criminal	%Pers. Injury/Prop Damage – Defense
% Admiralty / Marine – Plaintiff	% Environmental	%Pers. Injury/Prop Damage – Plaintiff
% Anti-Trust / Trade Regulation	% Family Law	% Real Estate/Title – Commercial
% Banking / Financial Institution	% Government Contracts/Claims	% Real Estate/Title – Residential
% Business Transactions - Commercial	% Immigration / Naturalization	% Securities
% Civil/Commercial Lit –Defense	% Intellectual Property	% Taxation
% Civil/Commercial Lit – Plaintiff	(Copyright/Patent/Trademark)	% Wills, Estates, Trusts & Probate
% Civil Rights/ Discrimination	% International Law	% Workers Compensation - Defense
% Collection / Bankruptcy	% Labor - Management Rep	% Workers Compensation - Plaintiff
% Construction (Building Contracts)	% Labor – Union Rep	% Other – must attach explanation
% Consumer Claims	% Local Government	**100 % TOTAL (must total 100%)** 0
% Corporate Business Organization	% Natural Resources/Oil & Gas	

Insurance History for past five years: (if none – check here: ☐ None)

Policy Period	Insurer	Limits of Liability	Deductible	Premium	# of lawyers

Does your firm's current professional liability policy contain a limitation on prior acts coverage? (prior acts exclusion, retroactive date, etc). ☐ Yes ☐ No. If yes, please provide date: _____

Number of non-lawyer staff:	

Attorney Name	Desig-nation Code	Average # hours/ week	States Licensed	# Years in practice	# Years with firm	Prior Acts Date
Please attach separate sheet for additional attorneys						

Designations: A = Associate CC = Co-Counsel D= Director E = Employee IC= Independent Contractor
OC = Of Counsel SP= Sole Practitioner P = Partner RP = Retired Partner

Administrative Questions

Does the firm or any attorney have any clients in the Entertainment Industry?	☐ Yes	☐ No
Has any attorney provided legal services related to securities transactions (anywhere) in past 5 years?	☐ Yes	☐ No
Do the attorneys of this firm have any equity interest in its client(s)	☐ Yes	☐ No
Does the firm have any one client that generates more than 25% of the firm's billings	☐ Yes	☐ No
Does anyone in the firm serve as a director, officer, employee or manager of a client?	☐ Yes	☐ No
Does the firm have a formal conflict of interest avoidance system?	☐ Yes	☐ No
If yes, is the firm's conflict of interest system computerized?	☐ Yes	☐ No
Does the firm have at least two independently maintained date/deadline control systems?	☐ Yes	☐ No
If yes, does the firm have a formal computerized docket control program?	☐ Yes	☐ No
Does the firm regularly use written engagement agreements?	☐ Yes	☐ No
Does the firm regularly use written declination and termination letters?	☐ Yes	☐ No
If you are a solo practitioner, do you have a back up attorney?	☐ Yes	☐ No
Do you have any publically traded clients?	☐ Yes	☐ No
Has the firm been involved in any Mass Tort / Class Action cases in the past five years?	☐ Yes	☐ No

Claims / Incidents / Disciplinary Information / Fee Suits

Has the firm initiated lawsuits or arbitration procedures during the past two years to collect unpaid fees? (If yes, please also indicate how many)	☐ Yes	☐ No
Have any professional liability claim(s) or suit(s) been made against the firm or the attorneys in the past 5 years? (If yes, please complete a claim supplement for each)	☐ Yes	☐ No
Are you or the attorneys aware of any actual or alleged circumstance which may give rise to a claim? (If yes, please complete a claim supplement for each)	☐ Yes	☐ No
Have you or any of the attorneys been subject to any disciplinary inquiry, complaint, or proceedings? (If yes, please attach full details)	☐ Yes	☐ No
Have you or any of the attorneys been refused admission to practice, disbarred, suspended, formally reprimanded, or sanctioned in any way? (If yes, please attach full details)	☐ Yes	☐ No

Please indicate the coverage desired below:

Limit of Liability: $	Deductible: $

This form is being submitted for a non-binding premium indication only.
By providing your phone number, fax number and email address, you are providing us with permission to respond to your request for legal malpractice insurance premium indications by phone, fax and/or email. This information is confidential and never provided to or sold to any other party.

Signed: **Date:**

Please return

(1) Completed estimate request form
(2) Copy of your current declarations page
(3) Sample copy of your letterhead to:

Garden State Insurance Agency
P.O. Box 463
Tennent, NJ 07763

Fax to: 732-577-8836
Email to: applications@gsagency.com