



# Premium Estimator

TO: **Denise Mitchell**

(201) 251 0439 (Fax)

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

Firm:			Contact:
Address:			
City:	County:	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:

Name:	Hire Date: (mm/dd/yy)	Designation
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	/ /	
	/ /	
	/ /	

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:

(Please continue on a separate sheet if necessary)

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

Arbitration / Mediation	_____%	Corporation Formation/Alteration	_____%	Tax – Opinions	_____%
Administrative law	_____%	Immigration and Naturalization	_____%	Worker's Compensation - Plaintiff	_____%
Admiralty / Maritime	_____%	Intellectual Property Litigation	_____%	Personal BI/PD Plaintiff:	_____%
Bankruptcy	_____%	International/Foreign Law	_____%	Banking / Financial Institutions	_____%
Collection/Repossessions	_____%	Labor - Management Representation	_____%	Real Estate – Residential	_____%
Commercial Litigation	_____%	Government/Municipal (Not bonds)	_____%	Real Estate - Land Use / Zoning	_____%
Criminal law	_____%	Tax - Preparation of Returns	_____%	Real Estate - Title Examination	_____%
Domestic Relations	_____%	Estate, Trust, Probate	_____%	Securities	_____%
Insurance Defense	_____%	Entertainment / Sports	_____%	*Other:	_____%
Personal BI/PD Defense	_____%	Intellectual Property Services	_____%	<b>*Describe other services below:</b>	_____
Workers Compensation Defense	_____%	Labor - Labor Representation	_____%	_____	_____
Anti-Trust/Trade Regulation	_____%	Pension & Employee Benefits	_____%	_____	_____
Civil rights/Discrimination	_____%	Mergers / Acquisitions	_____%	_____	_____
Commercial Transactions	_____%	Oil, Gas or Mining	_____%	Total:	<u>100</u> %
		Real Estate - Commercial	_____%		

**Insurance History:** Renewal date: \_\_\_ / \_\_\_ / \_\_\_ Insurer: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

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

<b>Claims History (if applicable):</b>	<b>Claim 1</b>	<b>Claim 2</b>	<b>Claim 3</b>
Date Claim or Incident Reported:			
Amount Paid (Including Expenses):			
Open/Closed:			

**Please attach copy of your current Declarations page**