

Lawyers Professional Liability Premium Estimate Form

Rockford National, LLC

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Applicant: _____ Year Est. _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ E-Mail: _____
 Telephone: () _____ Fax: () _____ County: _____

Percentage Of Income Derived from the Following Areas Of Practice:

<input type="checkbox"/> Abstracting / Title	<input type="checkbox"/> IP Litigation	<input type="checkbox"/> Immigration	<input type="checkbox"/> Real Estate - Residential
<input type="checkbox"/> Ad Valorem Tax	<input type="checkbox"/> Dom/Foreign Prosecution	<input type="checkbox"/> Insurance Co. - Defendant	# of transactions _____
<input type="checkbox"/> Admiralty - Plaintiff	<input type="checkbox"/> Criminal	<input type="checkbox"/> International	Avg./Max values _____/_____
<input type="checkbox"/> Admiralty - Defendant	<input type="checkbox"/> Domestic and Family Relations	<input type="checkbox"/> Juvenile Proceedings	<input type="checkbox"/> Real Estate -Commercial
<input type="checkbox"/> Antitrust / Trade Regulation	Corporate:	<input type="checkbox"/> Labor - Management	# of transactions _____
<input type="checkbox"/> Banking	<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Labor - Union	Avg./Max values _____/_____
<input type="checkbox"/> Bankruptcy: Provide Breakdown	<input type="checkbox"/> Corporate Formation	<input type="checkbox"/> Limited Partnerships	<input type="checkbox"/> Securities
Creditor _____/Debtor_____	<input type="checkbox"/> Mergers & Acquisitions	<input type="checkbox"/> Mediation / Arbitration	<input type="checkbox"/> Social Security Admin.
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> General	<input type="checkbox"/> Municipal	<input type="checkbox"/> Syndication
<input type="checkbox"/> Collections	<input type="checkbox"/> Entertainment	<input type="checkbox"/> PI Plaintiff :Provide Breakdown	<input type="checkbox"/> Taxation - individual
<input type="checkbox"/> Commercial Lit. - Plaintiff	<input type="checkbox"/> Environmental	<input type="checkbox"/> Auto/ Slip & Fall	<input type="checkbox"/> Taxation - Corporate
<input type="checkbox"/> Commercial Lit. - Defendant	<input type="checkbox"/> Estate Planning	Avg./Max values _____/_____	<input type="checkbox"/> Wills and Trusts
<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Estate / Probate / Trust	<input type="checkbox"/> Class Action/Mass Tort	<input type="checkbox"/> Workers Comp - Plaintiff
<input type="checkbox"/> Trademark Reg/Lic	<input type="checkbox"/> ERISA	<input type="checkbox"/> Product Liability	<input type="checkbox"/> Workers Comp - Defendant
<input type="checkbox"/> Copyright Reg/Lic	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Patent Search/Apps	<input type="checkbox"/> Foreclosure /Repossession	<input type="checkbox"/> PI Defense	

Current Coverage

(All Items Must Be Completed)

Carrier:	Limit:
Expiration Date:	Deductible:
Retroactive or Prior Acts Date:	Premium:

- Has the firm or any attorney at the firm had any Claims, Suits or Incidents in the Past 5 Years: Yes [] No []
(If Yes, complete the attached Claim Supplement)
- Is the firm aware of any circumstance(s) or act(s) which may give rise to a claim? Yes [] No []
- Has the firm ever had a LPL policy cancelled or non-renewed? Yes [] No []
- Has any attorney with the firm ever been disciplined or denied the right to practice? Yes [] No []
- Number of suits for fees in the past twelve (24) months: _____
- Did any single client account for more than 25% of your gross revenue? Yes [] No []
- Does the firm have any equity interest in a client? Yes [] No []
- Computerized Docket Control Systems? Yes [] No []
- Computerized Conflict of Interest Control System? Yes [] No []
- Number of Support Staff? _____
- Does the firm have any predecessors in business? Yes [] No []
- Annual Gross Revenues _____
- Circle any used by firm: (A) Retainer agreements(B) Engagement letters (C) Non-Engagement letters (D) Disengagement letters

This Form is For Estimate Purposes Only!

Lawyers Detail Addendum

Name of Lawyer	Designation Code	Admission Date	Hire Date	Hours Worked
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Designated Codes:

O = Officer/Director/Shareholder

S = Sole Proprietor

OC = Of Counsel Lawyer

P = Partner

E = Employed Lawyer

IC = Independent Contractor

