



**Couch Braunsdorf Insurance Group**

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**Please return to: Gary L. Pinckney, Esq.**  
 gpinckney@couchbraunsdorf.com

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
<b>Estates, Probate &amp; Trust</b>	%	%	% Estate Planning	% Trust Admin	% Other
Family Law	%	%	% Divorce	% Adoption	% Other
Federal, State & Local Government	%	%	% General	% Defense	% Other
<b>Financial Institutions</b>	%	%			
<b>General Civil Litigation</b>	%	%	% Plaintiff	% Defense	% Other
Immigration & Naturalization	%	%			
Insurance Defense	%	%	% Litigation	% Coverage	% Other
<b>Intellectual Property</b>	%	%	% Patent	% Trade/Copy	% Litigation
<b>Real Estate</b>	%	%	% Commercial	% Residential	% Title
<b>Securities / Corporate Bonds</b>	%	%			
Taxation / Tax Opinions	%	%	% Personal	% Corporate	% Other
Workers Compensation	%	%	% Employer	% Employee	
Other ( <i>Please provide details</i> )	%	%			
<b>TOTAL MUST EQUAL 100%</b>					

**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 <b>first</b> 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