



Premium Estimator

TO: Jorgensen & Company

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:

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

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:

(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	____%	*Describe other services below:	
Workers Compensation Defense	____%	Labor - Labor Representation	____%	PIP Arbitration	
Anti-Trust/Trade Regulation	____%	Pension & Employee Benefits	____%		
Civil rights/Discrimination	____%	Mergers / Acquisitions	____%		
Commercial Transactions	____%	Oil, Gas or Mining	____%		
		Real Estate - Commercial	____%		
				Total:	<u>100</u> %

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

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

Claims History (if applicable):

Claim 1

Claim 2

Claim 3

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

Please attach copy of your current Declarations page