

# IJU Agency Ltd.

## Attorney Professional Liability Form

(Please fill out to the best of your ability.)

### Part I: General Information

Name : \_\_\_\_\_

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website \_\_\_\_\_ FEIN #: \_\_\_\_\_

Type of business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Years In business: \_\_\_\_\_ Current Insurance Company: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Premium: \_\_\_\_\_

Have you had any claims in the last 5 years, if yes, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part II: Business Information

Attorney's Name	Date Joined firm	Bar Admit Date	State Bar Number	Relation To Firm (Use Code)	Weekly Hours

(Please indicate which of the following are utilized.)

Client Communication:

Engagement Letters \_\_\_\_\_ Non-Engagement Letters \_\_\_\_\_ Termination Of Services Letters \_\_\_\_\_

Calendar / Docket Control:

Paper Calendar \_\_\_\_\_ Computer \_\_\_\_\_ Dual Calendar \_\_\_\_\_ Tickler System \_\_\_\_\_

Conflict of Interest:

Single Index File \_\_\_\_\_ Computer \_\_\_\_\_ Client Database \_\_\_\_\_ Other \_\_\_\_\_

Total Revenue for the prior fiscal year: \_\_\_\_\_ How many Fee Suits have you filed (last 12 months): \_\_\_\_\_

Areas of Practice:

(Please check all that apply.)

Admiralty / Marine		Intellectual Property	
Arbitration / Mediation		Labor-Union/Employee	
Banking / Financial		Labor-Management	
Business Transaction		Local Government	
Commercial Law		Natural Resources / Oil & Gas	
Civil / Commercial Litigation Plaintiff		Personal Injury / Property Damage-Defense	
Civil Rights		Personal Injury / Property Damage-Plaintiff	
Class Action		Real Estate – Commercial	
Collection		Real Estate – Residential	
Bankruptcy		Securities (SEC)	
Construction		Taxation	
Consumer Claims		Estate Planning & Administration	
Corporate Business Organization		Wills & Probate	
Criminal		Workers Compensation	
Environmental Law		Other	
Family Law / Divorce			
Government Contracts / Claims			
Immigration / Naturalization			

Other information that you feel may help us better understand your needs:

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Notice

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

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Submitted By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_