

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:	Tiller				
E-mail:	-				
Telephone:	Fax:				
AREAS of PRACTICE – must equal 100%					
% Administrative Law	% Financial Institutions/Banking				
% Admiralty Law	% Government Contracts and Claims				
% Adoption Law	% Guardianship/Juvenile				
% Antitrust/Trade Regulation	% Immigration and Naturalization				
% Arbitration/Mediation	% Insurance Defense				
% Bankruptcy	% I. P. Copyrights & Trademarks				
% Business Transactions & Contracts	% I.P. Patents				
% Civil Rights and Discrimination	% International Law				
% Class Actions/Mass Tort	% Local Government (not bonds)				
% Collection/Repossession – Commercial	% Oil & Gas				
% Collection/Repossession – Consumer	% Personal Injury – Defense				
% Commercial Litigation – Defense	% Personal Injury – Plaintiff				
% Commercial Litigation – Plaintiff	% Real Estate – Commercial				
% Construction/Building Contracts					
% Consumer Claim	% Real Estate – Foreclosure Real Estate – Land Use & Zoning				
	% Corporate & Business Formation % Real Estate – Residential				
% Corporate Mergers and Acquisitions					
% Criminal	% Securities or Bonds				
% Divorce – w/ Assets < \$1M	% Social Security				
% Divorce – w/ Assets \$1M - \$5M	% Taxation*				
% Divorce – w/ Assets > \$5M	% Wills, Trusts & Estates < \$1M				
% Employment Law – Employee /Union	% Wills, Trusts & Estates \$1M - \$5M				
% Employment Law – Employer /Management	% Wills, Trusts & Estates > \$5M				
% Entertainment	% Workers Compensation – Defense				
% Environmental Law	% Workers Compensation – Plaintiff				
% ERISA/Employee Benefits	% Other Describe):				
	<u>100</u> % TOTAL				
DATE FIRM ESTABLISHED (including name changes):					
Name and Address of BACK UP ATTORNEY (if a Sole Pro	ractitioner):				
CURRENT (or desired) COVERAGE:					
Carrier:					
Expiration://	Retroactive date:/ # of attorneys:				
Limit of liability: \$	Deductible: \$ Expiring Premium: \$				
Has this firm (regardless of name changes) been ins If no, please provide the date from which th					

Attorney name	Designation State/Year		Date <i>first</i> joined the applicant		For Of counsel and part-time attorneys:	
Sole practitioners please be sure to list yourself	Code (See below)	Admitted	firm	Avera	ge # of hours ed per week	
	(=======,			WOIK	ou por wook	
-investigation Octobra			<u>I</u>			
 signation Codes: O = Officers, Directors or Shareholders of the corporation w E = Employed lawyers (must be employee of applicant firm) 			le Proprietor rtners of a Partnership			
C = Of counsel attorneys for whom coverage is desired)		ess than 26 hours per we	ek		
AIMS, POTENTIAL CLAIMS AND DISCIPLINARY A Has any professional liability claim or suit been ma	de in the past fiv	ve (5) years aga	inst the firm or its p	redecesso	or firm(s) or any	
current or former member of the firm or its predece	essor firm(s)?		YES NO	TOTAL	. NUMBER: _	
After inquiry, does any firm member know of any collability claim or suit against the firm or its predeces	ircumstance, situ	<i>nation, act, erro</i>	r or omission that co	uld result	in a profession	
firm(s)?	ssor min(s) or an	y current or ion	YES NO		NUMBER: _	
you answered "yes" to either A or B, please atta pdate same as needed. If you do not have a supple						
Has member of the firm ever been refused admidisciplinary complaints or ongoing disciplinary inve	stigations?	e, disbarred, su	spended, repriman YES NO	ded, sand	ctioned or have	
If yes, please provide full details including final disp						
In the past five years, has a professional liability ir	nsurer <i>declined</i> t	o offer coverag	e, non-renewed cov	erage or	cancelled cove	
for your firm? If yes, please provide details.		o oner coverag	YES NO			
for your firm? If yes, please provide details.		_	YES NO	t 12 mont	hs?	
		_	YES NO	: 12 mont	hs?	
for your firm? If yes, please provide details. JITS FOR FEES: How many suits for the collection of th	of fees have you	filed against you	YES NO	YES	NO	
for your firm? If yes, please provide details. IITS FOR FEES: How many suits for the collection of th	of fees have you independent da the system? Cor	filed against you	YES NO	YES YES	NO NO	
for your firm? If yes, please provide details. JITS FOR FEES: How many suits for the collection of th	of fees have you independent da the system? Cor Computerized?	filed against you te controls? mputerized?	YES NO	YES YES YES YES	NO	
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Personal Injury Work (if applicat	<u>ole):</u>					
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 ov	at 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 ot	her law firms:					
% of cases referred by you to ot	her law firms:					
Pool Estate Practice /if applicab	do).					
Real Estate Practice (if applicab	<u>ne).</u>					
What % of your RE work is:						
Residential Closings:						
Commercial Closings: Landlord/Tenant:						
Municipal Land Use:						
Other:						
A	in an alomina at the least 40 m	de	-11i-1	0		
As regards your real estate clos	ings during the last 12 m	ontns: <u>Resid</u>	<u>dential</u>	<u>Commercial</u>		
	Approximate number of	f transactions:				
	Average size/value of t					
	Largest size/value of tr	ansaction:				
Estate/Trust/Probate Practice (if	applicable):					
Does the practice area only enta	il the preparation of sim	ole wills & probate administration	n?			
Any authority to write checks?						
Any investment advice or discre	tionary investment autho	ority?				
Any firm lawyer act as a Trustee	e & if yes what is the app	roximate value of the trust?				
Does the value of any estate/trus	st exceed 5M?					
Matrimonial (Divorce) Practice (i	f applicable):					
What has been the average value	e of property settlement	handled?				
What has been the highest value	e of property settlement l	handled?				
PLEASE ATTACH	A SAMPLE OF YOUR FIF	RM'S LETTERHEAD & CURRENT	DECLARA	TIONS PAGE		
Signature of Owner, Partner, Mana	aging Member	Date				