

TO: **Email:**  
**Info@L2insuranceagency.com**  
**Fax: 616-940-1196**  
**2430 Camelot Ct SE**  
**Grand Rapids, MI 49546**



Please provide me with your most competitive **NO OBLIGATION** premium estimate for professional liability coverage

Firm:		Contact:
Address:		
City:	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:

YES: NO:

Name:	Hire Date: (mm/dd/yy)	Designation (Full or Part Time)
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

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)

**Type Of Practice:** What percentage of gross billings are earned from the following (Total Must Equal 100%):

Intellectual Property Area of Practice:		Non IP Area of Practice:		
Intellectual Property Litigation	___%	Comm./Residential Real Estate:	___%	Entertainment: ___%
Trademark Registration	___%	Collections/Repossessions:	___%	Estate/Probate/Trust/Wills: ___%
Trademark Search	___%	Securities/Bonds:	___%	Domestic Relations: ___%
Patent/Copyright/Trademark Licensing	___%	Taxation:	___%	Criminal: ___%
Intellectual Property Counseling	___%	Corporate/Commercial Litigation:	___%	Labor/Management/Union: ___%
IP Infringement/Opinions	___%	Corporate Formation/Alteration:	___%	Arbitration/Mediation: ___%
Domestic Patent Prosecution	___%	Plaintiffs/BI/PI:	___%	Immigration: ___%
Foreign Patent Prosecution	___%	Defense/Insurance/BI/PI:	___%	*Other Non-IP Practice Area: ___%
Domestic Patent Search	___%	Workers Compensation/PI	___%	*Describe Other IP/Non-IP services below :
Foreign Patent Search	___%	Financial Institutions/Banking:	___%	_____
*Other IP Services	___%	Workers Compensation/Defense:	___%	Total: <u>100</u> %
		Bankruptcy:	___%	

**Insurance History:** Renewal date: \_\_\_ / \_\_\_ / \_\_\_ Insurer: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

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

**Claims History (if applicable):** Claim 1 Claim 2 Claim 3

	Claim 1	Claim 2	Claim 3
Date Claim or Incident Reported:			
Amount Paid (Including Expenses):			
Open/Closed:			