

## JAYMES & JAYMES Inc.

## INSURANCE FOR LAWYERS

CA License #0763401

GENERAL INFORMATION	www.Jaymes.pro
Firm Nama:	Firm Type:
Firm Name:	Firm Type: Year Established:
Address: State: Zip:	Years at this location:
Web Address:	FEIN:
Phone Number:	1 LIIV
Contact Name:	Professional Liability Carrier:
Email Address:	Expiration Date:
	Expiration Bate.
LAW OFFICE BUSINESS PACKAGE (BOP)	
EAN OFFICE DOCINESS FACINAGE (BOT)	
Tenant: Bldg. Owner: Bldg. Value (If Owner): _	Year Bldg. Built:
Type of Bldg. Construction: Total Bldg. Square Footage Occupied: Total Bldg. Square	Sprinklered:
Square Footage Occupied: Total Bldg. Square	are Footage: Number of Stories:
Year Last Updated: Heating: Plumbing: Roof	: Electrical:+
Conoral Liability Limita	
General Liability Limits:	Current Carrier:
Business - Personal Property:	Expiration Date:
Tenant Improvements:	Premium:
Computers & Media:	
Accounts Receivable:	Number of Claims in the last 3 years:
Valuable Papers & Records:	(1) Open Closed Amount Paid:
Money & Securities:	(2) Open Closed Amount Paid:
Employee Dishonesty:	(2) opon closed, internet and
Fine Arts:	
Hired/Non-Owned Auto:	n h
Do any lawyers or employees drive their own vehicles fo	
<u>Drivers Name</u> <u>Drivers License</u>	# State
<del></del>	<del></del>
<del></del>	<del>-</del>
WORKERS COMPENSATION INCLIDANCE (IVO)	
WORKERS COMPENSATION INSURANCE (WC)	
MICH III	
Payroll Number of Employees	Current Carrier:
Attorneys* \$	Expiration Date:
Clerical Staff \$	Premium:
*Maximum covered payroll per owner/partner/officer is \$101,400.	Number of Claims in the last 3 years:
Do you wish to exclude any owners/partners/officers? Yes N	(1) Open Closed Amount Paid:
, , , , , , , , , , , , , , , , , , , ,	(2) Open Closed Amount Paid:
Total annual receipts last 3 years: Year: Receipts:	
Year: Receipts:	
Year: Receipts:	
<u></u>	
Signature:	
Print Name:	Return to: Lawyers@Jaymes.pro
Date:	- Language Control of the Control of
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