



Plaintiff Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

- 1. Do you advertise your services on television or the radio? *If yes, please attach scripts or the advertisement or provide an explanation of the specific nature of the advertisement.* Yes No
- 2. What is the average number of years experience in this area of practice for the attorneys in your firm? _____
- 3. What is the average case load per attorney on an annual basis? _____
- 4. What is the estimated average dollar value of cases handled by the firm? _____
- 5. What percentage of cases are referred to you by other law firms? _____%
- 6. Do you use written referral agreements in all cases that are referred to you? Yes No
- 7. Do you use written referral agreements in all cases that are referred by you to other law firms? Yes No

8. What percentage of your plaintiff cases are:

- | | | | |
|-------------------------|--------|---------------------|--------|
| *Class Action/Mass Tort | _____% | Legal Malpractice | _____% |
| Automobile Accident | _____% | Medical Malpractice | _____% |
| Product Liability | _____% | Slip & Fall | _____% |
| Other | _____% | | |

(describe) _____

*9. Please explain the types of class action cases handled in the past three (3) years; provide the number of such cases, the number of clients in each case, overall case value, status, nature or cause of action of each case as well as the firm's experience in class action representation.

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

Signature of Applicant *Title* *Date*
 (Must be signed by a Managing Partner, or Officer, of the Firm)