

**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
PLAINTIFF SUPPLEMENTAL APPLICATION**

1. Average number of personal injury cases each Attorney handles per year _____

| 2. Type of Plaintiff Case | Average \$ Value | Maximum \$ Value |
|----------------------------------|-------------------------|-------------------------|
| ___% Automobile accident | \$ _____ | \$ _____ |
| ___% Slip and Fall | \$ _____ | \$ _____ |
| ___% Legal Malpractice | \$ _____ | \$ _____ |
| ___% Products Liability | \$ _____ | \$ _____ |
| ___% Workers Compensation | \$ _____ | \$ _____ |
| ___% Medical Malpractice | \$ _____ | \$ _____ |
| ___% Class Action | \$ _____ | \$ _____ |
| ___% Other | \$ _____ | \$ _____ |

3. Percentage of Cases:

Settled before trial _____%
Tried to conclusion _____%
On Contingency _____%
Referred to you by other firms _____%

4. Has the firm handled any class action cases in the last 3 years? ___YES___NO

If Yes, provide the following:

- A. Capacity of the firm (lead counsel, co-counsel, local Attorney, referring Attorney, etc)
- B. Total number of Plaintiffs
- C. Details on type of case

D. Current status of case

WARNING-NEW YORK RESIDENTS ONLY

Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (for New York residents only: and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.)

Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date