

PLAINTIFF SUPPLEMENT

Firm Name: _____

1. Describe the types of plaintiffs, cases handled by the Applicant (e.g. medical malpractice, automobile accidents, etc.)

2. Total number of personal injury cases during the last 12 months: _____
3. What percentage of your plaintiff cases are class action suits? _____%
If applicable, please provide on a separate sheet a list of the currently active class action suits and include information on the type of case (e.g. antitrust, securities, etc.), when and where filed, estimated number of plaintiffs in the class, and estimated value of case.
4. What percentage of your plaintiff cases are mass tort cases? _____%
If applicable, please provide on a separate sheet a list of the currently active mass tort cases, the type of case (e.g. pharmaceutical, products liability, etc.), when and where filed or prosecuted, number of plaintiffs, and estimated value or average value of each case.
5. Average number of cases each attorney handles per year: _____
6. Percentage of cases settled before trial: _____%
7. Percentage of cases tried to conclusion: _____%
8. Percentage of cases referred to you by other law firms: _____%
9. Do you use written referral agreements in all cases which are referred to you? Yes No
10. Percentage of cases your firm refers to other firms and retains a portion of the fees: _____%
11. Do you use written referral agreements and obtain certificates of insurance, in all cases referred out? Yes No
12. Average dollar value of cases: _____
13. Maximum dollar value of any one case: _____
14. Average percentage of recovery your firm takes as fees: _____%

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same representations and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature of Owner, Officer or Partner

Print Name and Title

Date