



PLAINTIFF SUPPLEMENTAL APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

Full Legal Name of the Firm:

Policy Number (if ISBA Mutual Insured):

CASE INFORMATION

Please complete the chart below based on the Firm's Plaintiff Practice in the past 24 months:

Area of Practice	Percentage of Time in Area of Practice	Average Case Size	Largest Case Size
Class Action/Mass Tort *	%	\$	\$
Medical Malpractice	%	\$	\$
Non-medical Professional Malpractice	%	\$	\$
Products Liability	%	\$	\$
Asbestos/Toxic Tort	%	\$	\$
Pharmaceutical or Medical Device	%	\$	\$
Bodily Injury/Personal Injury	%	\$	\$
Tobacco	%	\$	\$
Workers Compensation	%	\$	\$
Other (describe):	%	\$	\$

***For any Class Action/Mass Tort cases, please complete the chart below:**

Date Representation Began (mm/dd/yyyy)	Subject matter of Case (i.e., wage & hour)	State/Court jurisdiction	Acted as lead counsel, co-lead counsel or local counsel	Total number of class members and total number of class members represented	Was the class certified?	Total estimated or actual damages	Current Status
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		

Additional Information

1. What is the average dollar amount of awards, judgments and settlements in Plaintiff cases?	
2. Average number of plaintiff cases handled per Lawyer in the past 12 months?	
3. Average number of years' experience for Lawyers in the Firm practicing plaintiff cases?	
4. Percentage of cases declined or rejected that are not referred to other Law Firms?	%
5. Percentage of settlements or verdict the Firm charges for its fee?	%

6. Please answer the following questions regarding the referral of cases:	
a. Percentage of and type of cases referred out to other Law Firms:	%/
b. Percentage of and type of cases referred to the Firm from other Law Firms:	%/
c. Does the Firm obtain evidence of professional liability insurance when cases are referred out to (and in from) other Law Firms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Does the Firm use a written agreement for any cases referred out to other Law Firms? Does the agreement outline the responsibilities of each firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
e. Does the Firm use a written agreement for any cases referred from another Law Firm? Does the agreement outline the responsibilities of each firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If No , describe on Firm letterhead, signed and dated, how the Firm documents the responsibilities of each firm to the client.	
f. Does the client confirm in writing when referral arrangements have been made and acknowledge the fee received by each Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Does the Firm diary and follow-up on statutes of limitations and other deadlines even if the other firm is responsible?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. What percentage of cases handled in the past 24 months are concluded by:	
a. Settlement prior to filing suit?	%
b. Settlement after filing suit?	%
c. Trials/verdicts?	%
d. Other (specify):	%

REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following is true and correct as of the inception date of the policy:

The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶