SYNERGY
an accretive company

LAWYERS PROFESSIONAL LIABILITY
PLAINTIFF SUPPLEMENT

1. For the firm's Bodily and Personal Injury, Workers Compensation, Civil Rights, and other Plaintiff practice, complete the following:

A. **Type of Case**	B. **Percentage of Billings**	C. **Average Number of Cases Per Year**	D. **Percentage of cases settled before trial**	E. **Average Award or Settlement**	F. **Largest Award or Settlement**
Automobile					
Class Action / Mass Tort					
Employment related					
Medical Malpractice					
Other Malpractice					
Product Liability					
Slip and Fall					
Workers Compensation					
Other (Specify):					

2. Average number of Plaintiff cases handled per attorney in the past twelve (12) months..... _____

3. Does the applicant accept referrals for any of the above?..... Yes ☐ No ☐
   a. average number of referrals received per year:..... _____

4. Does the applicant refer any Plaintiff matters to other law firms? ..... Yes ☐ No ☐
   a. does the firm verify professional liability insurance is carried by that firm? …… Yes ☐ No ☐
   b. does the firm have standards for selecting a referral attorney?..... Yes ☐ No ☐
   c. average number of referrals per year:..... _____

5. Does an attorney meet with prospective clients prior to agreeing to representation?..... Yes ☐ No ☐

6. Are nonengagement letters, including notice of the applicable statutes of limitations, issued for all matters when representation is declined? ..... Yes ☐ No ☐

7. What is the applicant's average time frame for filing suit prior to the expiration of the statute of limitations?
   At least One Year prior: ☐ Six Months to One Year Prior: ☐ Three to Six Months Prior: ☐
   One to three Months Prior: ☐ Less than One Month Prior: ☐ Other: _____

8. Are all settlement offers provided to the client(s) in writing?..... Yes ☐ No ☐

9. Are rejected settlement offers approved by the client(s) in writing?..... Yes ☐ No ☐

10. Has the applicant been involved in any Class Action representation in the past six (6) years?..... Yes ☐ No ☐
    (Provide details including date of suit, number of class members, nature of case and status by attachment.)

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

_____ _____ _____
Name of Applicant/Insured Firm Signature of Partner, Officer or Owner Date