



PLAINTIFF LITIGATION SUPPLEMENT

GENERAL INFORMATION

1. Describe the types of cases handled with percentages for each, to total 100%:

Table with 2 columns of case types and percentages. Includes categories like Auto Related, Medical Malpractice, Products Related Injury, etc.

2. What is the firm's average litigation case load per year? \_\_\_\_\_

3. What percentage of the firm's litigation cases are settled before trial? \_\_\_\_\_

4. What percentage of the firm's litigation cases are tried to a verdict? \_\_\_\_\_

5. What percentage of the firm's litigation cases are handled on a contingency fee basis? \_\_\_\_\_

6. What is the estimated average dollar size of judgments, awards and settlements in the litigation cases handled by the firm? \_\_\_\_\_

7. What is the largest judgment, award or settlement in a litigation case achieved by the firm in the past five years? \_\_\_\_\_

8. Does the firm take litigation case referrals from other law firms? Yes [ ] No [ ]
If Yes, please indicate the approximate number of cases and the types involved. \_\_\_\_\_

9. Does the firm refer clients, cases or work to other law firms? Yes [ ] No [ ]

10. If Yes to # 9, please provide the following information:
a. The approximate number of such clients/cases/work for the past 12 months? \_\_\_\_\_
Next 12 months? \_\_\_\_\_



b. Description of the type of clients/cases/work you refer to other law firms? \_\_\_\_\_

\_\_\_\_\_

c. Before referring, do you always confirm that the working attorney is admitted to practice and in good standing with the bar of the jurisdiction at issue? Yes  No

**If No, please explain:** \_\_\_\_\_

d. Do you always verify the working attorney has adequate malpractice insurance by requesting a copy of his/her insurance declarations page or a certificate of insurance? Yes  No

**If No, please explain:** \_\_\_\_\_

\_\_\_\_\_

e. Please describe any other measures used by you to verify the qualifications and reputation of a prospective working attorney to whom you refer clients/cases: \_\_\_\_\_

\_\_\_\_\_

11. For the clients/cases/work referred to other law firms, please categorize the arrangements in place:

a. Refer to another firm and you receive no fee: \_\_\_\_\_ %

b. You receive a fee but will not be doing any of the work: \_\_\_\_\_ %

c. You refer but will continue to work on the file along with the other attorney: \_\_\_\_\_ %

d. Other: \_\_\_\_\_ %

**Must total 100%**

12. Has the firm been involved in any class action plaintiff cases within the past five years? Yes  No

**If yes, please complete a Class Action/Mass Tort supplemental application.**

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner, or Officer of the Firm)

