Knight Specialty Insurance Company

Attorneys' Select
Professional Liability Insurance

LAWYERS PROFESSIONAL LIABILITY
Class Action Supplement

1. Name of Applicant or Insured: _____

2. How many attorneys in the firm practice in this area? _____

3. How many Class Action and/or Mass Tort cases does the firm currently have pending? _____

4. For **your** Class Action and/or Mass Tort cases in the past five (5) years, please complete the following:

Type of Case and Name of Primary Defendant	Date Filed	# of Class Members	Status	Case Value / Settlement Amount	Plaintiff* or Defense Representation

*Indicate whether **you** are lead counsel, co-counsel, or have other involvement

5. Do **you** refer Class Action and/or Mass Tort cases to other law firms? Yes ☐ No ☐
   a. If "YES" are the other law firms located in other jurisdictions? Yes ☐ No ☐
      i. If "YES" where: _____
   b. If "YES" do **you** retain a referral fee? Yes ☐ No ☐
   c. If "YES" do **you** continue to work on the case after referral? Yes ☐ No ☐

6. Please provide a brief explanation of **your** experience in class action representation:

_____

_____

_____

Signature of Applicant: _____ Date: _____

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