

LAWYERS PROFESSIONAL LIABILITY Insurance Defense Supplement

1. Name of Applicant or Insured: _____

2. Indicate the percentage of **your** Insurance Defense Practice that is:
 a. First Party (representing insurance companies directly): _____%
 b. Third Party (representing clients covered by insurance): _____%

3. Does a Partner always review a Coverage Opinion before it is provided to an Insurance Company client (if "NO" describe): Yes ___ No ___

Describe:

4. Do **you** always obtain a client's written consent to settle (if "NO" describe)? Yes ___ No ___

Describe:

5. How many jury trials did **you** take to verdict in the past year? _____

6. For **your** Insurance Defense practice, please indicate:

Type of Case	% of Insurance Defense Practice	Average Case Value	Highest Case Value
Auto Accident			
Asbestos			
Class Action / Mass Tort*			
Employment			
General Liability			
Legal Malpractice			
Medical Malpractice			
Product Liability			
Property			
Slip and Fall			
Workers Comp			
Other:			
Other:			

* If any %, please *also* complete the **Class Action Supplement**

Signature of Applicant: _____ Date: _____