



**SCOTTSDALE INSURANCE COMPANY®**

A Stock Insurance Company, herein called the **Company**

Home Office:

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Administrative Office:

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**INSURANCE DEFENSE FIRMS SUPPLEMENT  
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: \_\_\_\_\_

(Please attach additional pages if needed for replies)

1. Does **your** calendaring system include the calendaring of all deadlines? .....  Yes  No

2. Are each of the following included in the calendaring system? .....  Yes  No

(If any of the items listed below are not included in the system, please explain):

a. Filing an answer? .....  Yes  No

Explain: \_\_\_\_\_

b. Discovery:

(1) Admissions? .....  Yes  No

Explain: \_\_\_\_\_

(2) Interrogatories? .....  Yes  No

Explain: \_\_\_\_\_

(3) Requests for production? .....  Yes  No

Explain: \_\_\_\_\_

(4) Depositions? .....  Yes  No

c. Dispositive motions? .....  Yes  No

d. Other court imposed deadlines:

(1) Designation of experts? .....  Yes  No

Explain: \_\_\_\_\_

(2) Other: \_\_\_\_\_ .....  Yes  No

Explain: \_\_\_\_\_

3. How many people are responsible for monitoring **your** calendar? \_\_\_\_\_

4. Please advise the names of those people: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please describe **your** procedures for handling/releasing opinion letters (*including how many partners review a coverage opinion before it is sent to the client*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please advise the approximate percentages of **your** work that is **third party** (representing clients covered by insurance) and **first party** (representing an insurance company directly, i.e., coverage opinions, declaratory judgment actions, etc.): Third Party: \_\_\_\_\_% First Party: \_\_\_\_\_%
7. Who are the firm's five largest clients?
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
8. Approximately how many matters per year are handled for these clients? \_\_\_\_\_
9. How much of the firm's staff is devoted to these clients? \_\_\_\_\_
10. How many matters and/or files are handled per attorney at any one time? \_\_\_\_\_
11. Do **you** copy the client with pleadings, discovery and correspondence, including liability and damage estimates? .....  Yes  No
12. When defending a client under an insurance policy that requires the client to consent to settlement, do **you** usually obtain consent to settle in writing? .....  Yes  No
13. How often do **you** work with clients that have a \$50,000 or more deductible and/or Self Insured Retention? \_\_\_\_\_
14. In the past year, how many jury trials did **your** attorneys begin and complete to verdict? \_\_\_\_\_

15. What percentage of **your** insurance defense cases are:

<b>Class Action/Mass Tort*</b>	%	Medical Malpractice	%
Automobile Accident	%	Slip and Fall	%
Product Liability	%	Silica	%
Hearing Loss	%	General Liability	%
Legal Malpractice	%	Workers' Compensation	%
Property	%	Other:	%
Asbestosis and other lung-related disorders	%	Other:	%

16. With respect to **your** answer above, please state the estimated maximum dollar value of any one case:

<b>Class Action/Mass Tort*</b>	\$	Medical Malpractice	\$
Automobile Accident	\$	Slip and Fall	\$
Product Liability	\$	Silica	\$
Hearing Loss	\$	General Liability	\$
Legal Malpractice	\$	Workers' Compensation	\$
Property	\$	Other:	\$
Asbestosis and other lung-related disorders	\$	Other:	\$

\* For **Class Action/Mass Tort** work, please provide a brief description of each case handled in the past three years, to include number of plaintiffs, the central allegation, damages sought and outcome or current status.

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
Signature of Applicant  
(Must be signed by Managing Partner or Officer of the Firm)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date