



SCOTTSDALE INSURANCE COMPANY®

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

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**PLAINTIFF SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. Do **you** advertise **your** services on television or the radio? Yes No
If yes, please attach scripts or the advertisement or provide an explanation of the specific nature of the advertisement.
2. What is the average number of years experience in this area of practice for the attorneys in your firm? _____
3. What is the average caseload per attorney on an annual basis? _____
4. What is the estimated average dollar value of cases handled by the firm? _____
5. What percentage of cases are referred to **you** by other law firms? _____%
6. Do **you** use written referral agreements in all cases that are referred to **you**? Yes No
7. Do **you** use written referral agreements in all cases that are referred by **you** to other law firms? Yes No
8. What percentage of your plaintiff cases are:

*Class Action/Mass Tort	_____ %	Legal Malpractice	_____ %
Automobile Accident	_____ %	Medical Malpractice	_____ %
Product Liability	_____ %	Slip & Fall	_____ %
Other (Describe): _____ ...	_____ %		
- *9. Please explain the types of class action cases handled in the past three years; provide the number of such cases, the number of clients in each case, overall case value, status, nature or cause of action of each case as well as the firm's experience in class action representation.

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
---	-------	------