



# LAWYERS PROFESSIONAL LIABILITY Plaintiff Supplement

1. Name of Applicant or Insured: \_\_\_\_\_
2. How many attorneys in the firm practice in this area? \_\_\_\_\_
3. Average number of cases handled per attorney in the past 12 months? \_\_\_\_\_
4. For **your** Plaintiff practice, including Civil Rights, Discrimination, Medical Malpractice, Personal Injury, Product Liability, Property Damage, and Workers Compensation, please complete the following:

Type of Case	% of Total Firm Billings	Average # of Cases per Year	% of Cases Settled Before Trial	Average Award or Settlement	Largest Award or Settlement
Automobile					
Class Action*					
Employment					
Med Mal					
Other Malpractice					
Product Liability					
Slip and Fall					
Workers Comp					
Other (specify)					

\*For any Class Action Plaintiff practice, please also complete the **Class Action Supplement**

5. Do **you** advertise on television, radio, billboards, or other mass media? Yes \_\_\_ No \_\_\_
  - a. If "YES" please provide a copy of the script and/or the print advertisement
6. Do **you** have a formal intake process before agreeing to represent a client? Yes \_\_\_ No \_\_\_
7. Are non-engagement letters that include the applicable statute(s) of limitations issued for all matters when representation is declined? Yes \_\_\_ No \_\_\_
8. Do **you** accept referrals for plaintiff cases? Yes \_\_\_ No \_\_\_
  - a. If "YES" do **you** use written referral agreements in all cases? Yes \_\_\_ No \_\_\_
  - b. If "YES" what is the average number of referrals received per year? \_\_\_\_\_
9. Do **you** refer plaintiff cases to other law firms? Yes \_\_\_ No \_\_\_
  - a. If "YES" do **you** use written referral agreements in all cases? Yes \_\_\_ No \_\_\_
  - b. If "YES" do **you** verify the firm has professional liability insurance? Yes \_\_\_ No \_\_\_
  - c. If "YES" what is the average number of referrals sent per year? \_\_\_\_\_



Knight Specialty Insurance Company

10. What is **your** average timeline for filing suit in advance of the expiration of the statute of limitations?

- a. > 1 year \_\_\_
- b. 1 month – 3 months \_\_\_
- c. 6 months – 1 year \_\_\_
- d. > 1 month \_\_\_
- e. 3 months – 6 months
- f. Other: \_\_\_\_\_

11. Are all settlement offers provided to clients in writing? Yes \_\_\_ No \_\_\_

a. Are rejected settlement offers approved by clients in writing? Yes \_\_\_ No \_\_\_

12. Have any of **you**, including any of the attorneys listed in Q.10. of the application, been involved in any Class Action representation in the past five (5) years? Yes \_\_\_ No \_\_\_

a. If "YES" please also complete the **Class Action Supplement**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_