



MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION

Table with 2 columns: Label (Firm Name, Policy Number, Effective Date) and Input field.

IF YOU DO NOT HANDLE ANY MASS TORT/CLASS ACTION WORK, PLEASE CHECK THIS BOX AND DISREGARD QUESTIONS BELOW

IF YOU HANDLE ANY MASS TORT/CLASS ACTION WORK, PLEASE ANSWER ALL QUESTIONS ON THIS FORM. If additional space is required for any answer, please use the supplemental form or a separate sheet. At your option, you may attach a description of your office's mass tort/class action practice.

- 1. a. What types of mass tort or class action cases do you handle... b. The firm's organizational approach to handling mass tort cases.
2. a. Number of years handling mass tort cases. b. Number of lawyers handling mass tort cases. c. Number of paralegals... d. Number of non-legal professionals...
3. a. How many mass tort or class action cases have you handled in the past 5 years? b. For these cases are you: the "lead" attorney? the "local" attorney? the "referring" attorney? c. Do you represent clients in other jurisdictions? d. What types of mass tort or class action cases are handled in other jurisdictions? e. If cases are only referred to other firms...
4. a. Of the number of mass tort cases the firm handles, what are the number of cases in which the firm involves outside, local or co-counsel? b. Does the firm assure that any firm they co-counsel, refer or accept as referrals carries Lawyers Professional Liability Insurance... c. If you are not the sole attorney, do you send your clients a letter outlining the specific scope of your representation?
5. a. How many clients do you typically represent for each case? b. Advise the ways or process of communicating with the firm's mass tort clients.
6. What is the dollar value of each case (potential damages)?



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7. Provide a detailed description of advertising and submit samples. _____

8. Are there any affiliations with particular organizations to provide legal services? **YES OR NO** If so, please specify: _____

9. The firm's claim history for the past ten (10) years (*attach details on a separate page*). _____

10. Notice to Applicants and Declaration

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines and denial of insurance benefits. I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to issue, nor the applicant to purchase, this insurance. I/We acknowledge that any material misrepresentation or omission shall void the contract.

Signature and Title of Applicant	Date