



LAWYERS PROFESSIONAL LIABILITY INSURANCE PLAINTIFF SUPPLEMENT

Medmarc Casualty Insurance Company • 14280 Park Meadow Drive • Suite 300 • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Na	me of Applicant Firm:								
	Provide the following for the firm's P								
1.	Type of Case	Percentage of Billings	Average Number of Cases Per Year	Percentage of Cases Settled Before Trial	Average Award or Settlement	Largest Award or Settlement			
	Admiralty								
	Automobile								
	Class Action/Mass Tort								
	Commercial Litigation								
	Employment related								
	Legal Malpractice								
	Medical Malpractice								
	Product Liability								
	Product Liability (Medical Devices)								
	Slip and Fall								
	Workers Compensation								
	Other (Specify):								
	Does the applicant accept referrals for any of the above?								
1.	Please indicate the three (3) largest settlements/awards obtained within the past twenty four (24) months and the type of case involved:								
	\$ Ty	_							
	\$ Ty	_							
	\$ T _y	-							
5.	Average number of plaintiff cases handled per lawyer in the past twelve (12) months								
5.	Average number of years of experience for lawyers practicing plaintiff litigation								
7.	Does the applicant advertise on radio		Yes No						
3.	Does any lawyer meet with prospective		Yes No						
).	Are non-engagement letters, including	matters	Vec □ No.						

10. What is the applicant's average	e time frame	for filing suit prior to the expiratio	n of the statute	e of limitations?								
At least one year prior:		Six months to one year prior:		Three to six months prior:								
One to three months prior:		Less than one month prior:		Other:								
11. Are settlement offers provided to the client(s) in writing?												
12. Are rejected settlement offers approved by the client(s) in writing?												
13. Has the applicant been involved in any class action representation in the past six (6) years?												
The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.												
Name of Applicant Firm:												
Signature of Partner, Officer or Owner of Applicant Firm: Date:												
Print or Type Name:				Title:								