

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
 PLAINTIFF SUPPLEMENT**

**Medmarc Casualty Insurance Company** • 4795 Meadow Wood Lane • Suite 335 West • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Please complete this supplement if any lawyer listed on the application shows a percentage in the Plaintiff areas of practice.

Name of Applicant Firm: \_\_\_\_\_

1. Provide the following for the firm's Plaintiff practice during the past twenty four months.

| 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):                    |                        |                                  |  |                             |                             |

2. Average number of plaintiff cases handled per lawyer in the past twelve (12) months..... \_\_\_\_\_

3. Average number of years of experience for lawyers practicing plaintiff litigation..... \_\_\_\_\_

4. Average time frame for filing suit prior to the expiration of the statute of limitations..... \_\_\_\_\_

5. Does any lawyer meet with prospective clients prior to agreeing to representation? .....Yes  No

6. Are settlement offers provided to the client(s) in writing? .....Yes  No

7. Are clients required to approve in writing when settlement offers are rejected? .....Yes  No

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: \_\_\_\_\_