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## MASS TORT/CLASS ACTION SUPPLEMENTAL APPLICATION

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Firm Name:	
Policy Number:	
Effective Date:	

**PLEASE ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE"**

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 (details regarding issues, types of products, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 and other support staff assisting in mass tort cases. \_\_\_\_\_  
d. Number of non-legal professionals (other than paralegals) such as doctors, nurses, engineers, etc. employed by the firm. \_\_\_\_\_  
Specify profession. \_\_\_\_\_
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? **YES OR NO**    If so, where? \_\_\_\_\_  
d. What types of mass tort or class action cases are handled in other jurisdictions? \_\_\_\_\_  
\_\_\_\_\_
- e. If cases are only referred to other firms, are these other firms in other jurisdiction? **YES OR NO**    If so, where? \_\_\_\_\_  
\_\_\_\_\_
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? \_\_\_\_\_ If outside counsel is involved, provide the firm's procedure to monitor or control such cases.  
\_\_\_\_\_
- b. Does the firm assure that any firm they co-counsel, refer or accept as referrals carries Lawyers Professional Liability Insurance with coverage of at least \$500,000 limits? **YES OR NO**      Do you continue to work on the case after referral? **YES OR NO**
- c. If you are not the sole attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc.) **YES OR NO**
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. \_\_\_\_\_

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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