

## Plaintiff /Civil Litigation Supplement

National Union Fire Insurance Company of Pittsburgh, Pa.  
 1271 Ave of the Americas FL 37  
 New York, NY 10020-1304  
 (A capital stock company, herein called the Company)

N/A

1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law.
2. Average number of cases these attorneys handle per year (per attorney):
3. Indicate percentages of cases in the following categories:

Medical Malpractice \_\_\_\_\_ %

Professional Negligence -other than Medical \_\_\_\_\_ %

Product Liability \_\_\_\_\_ %

Auto/Slip and Fall \_\_\_\_\_ %

Workers Compensation \_\_\_\_\_ %

Other\* \_\_\_\_\_ %

\*Provide a description using the space provided below or by separate attachment.

**CLASS ACTION:** Please provide the following details on all Class Action matters in which the firm was involved during the past five (5) years: *(If no Class Action matters were handled, please so indicate)*

Date Representation Began (mm/dd/yyyy)	Subject Matter of Class Action	Capacity Served (1)	On Behalf (2)	Total # of Class Members	Total Damages	Current Status

Note1 – For Capacity: [Lead Counsel = LC] [Co-Lead Counsel = CLC] [Local Counsel Only = LO] [Other = please explain]; Note2 – On Behalf of: [ Plaintiff = P] [Defendant = D]; *(if additional space needed, please attach a separate sheet with details)*

4. In the past twelve (12) months, what is the average dollar value of plaintiff cases: \$
- In the past twelve (12) months, what is the maximum dollar value of and one plaintiff case: \$
5. What is the percentage of plaintiff cases referred by the Applicant Firm to other law firms for handling? %
- If cases are referred, does the Applicant Firm require a written referral agreement? Yes No
- In the past twelve (12) months, has 100% of all medical or legal malpractice cases been referred to other law firms for handling? Yes No

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in Ink**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of firm: \_\_\_\_\_