



BI/PI PLAINTIFF SUPPLEMENTAL APPLICATION

Firm Name (as shown on your letterhead): _____

Policy No.: _____

1. What is the average number of BI/PI plaintiff open files per attorney per year? _____
2. What types of cases does the firm handle? (i.e. medical malpractice, asbestos, personal injury, wrongful death) _____
3. What percentage of BI/PI plaintiff cases actually filed in court were terminated by:
 - a. Trial/Verdict _____%
 - b. Settlement _____%
 - c. Other _____%
4. What is the estimated average dollar size of judgments, awards, and settlements in BI/PI plaintiff cases handled by the firm? \$ _____
5. Does the firm take referral cases? Yes No
 If yes, approximately how many per year?
 In state
 Out of state
6. Does the firm refer cases to other firms? Yes No
 If yes, what percentage and approximately how many per year?
 %
 Number of cases
7. What procedures does the firm use when declining services to a client? Do you advise of any statute of limitations? Do you use declination letters? (Please attach copy of declination letter.)

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the representations, conditions and warranties.

By: _____ Date _____
(Authorized representative of applicant and/or policyholder)

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C.-3999.21)