



**CLASS ACTION / MASS TORT PRACTICE
SUPPLEMENTAL APPLICATION**

Firm Name: _____ Policy No: _____
(as shown on your letterhead)

Number of years your firm has handled class action or mass tort cases? _____

Do you intend to accept class action or mass tort cases in the future? Yes No
If yes, describe and specify the type of cases and your role.

Please complete one section per class action opened or closed over the last 5 years.

Subject of Litigation:	
Description/nature of class action & current status:	
Are you lead counsel?	Yes No
Attorney name(s) involved from your firm:	
Approximate class size?	#
Amount in controversy?	\$
Has the class been certified?	Yes No

Subject of Litigation:	
Description/nature of class action & current status:	
Are you lead counsel?	Yes No
Attorney name(s) involved from your firm:	
Approximate class size?	#
Amount in controversy?	\$
Has the class been certified?	Yes No

Use additional form pages as necessary.

I/We understand that this Supplement becomes a part of my/our application for Lawyer's Professional Liability Insurance and is subject to the same 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 a 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)