

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney name(s) involved from your firm:	
Approximate class size?	#
Amount in controversy?	\$
Has the class been certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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