

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)