



FREEDOM SPECIALTY™

### Lawyers Professional Liability Insurance

# Insurance Defense Firm's Supplement

**NAME OF APPLICANT:** \_\_\_\_\_

(Please attach additional pages if needed for replies)

1. Does **your** calendaring system include the calendaring of all deadlines?      Yes       No

2. Are each of the following included in the calendaring system?  
*(If any of the items listed below are not included in the system, please explain)*

- A. Filing an answer                      Yes       No       Explain: \_\_\_\_\_
- B. Discovery:
  - a. Admissions                      Yes       No       Explain: \_\_\_\_\_
  - b. Interrogatories                      Yes       No       Explain: \_\_\_\_\_
  - c. Requests for production                      Yes       No       Explain: \_\_\_\_\_
  - d. Depositions                      Yes       No       Explain: \_\_\_\_\_
- C. Dispositive motions                      Yes       No       Explain: \_\_\_\_\_
- D. Other court imposed deadlines:                      Yes       No       Explain: \_\_\_\_\_
  - a. Designation of experts                      Yes       No       Explain: \_\_\_\_\_
  - b. Other:                      Yes       No       Explain: \_\_\_\_\_

3. How many people are responsible for monitoring **your** calendar?                      \_\_\_\_\_

4. Please advise the names of those people:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe **your** procedures for handling/releasing opinion letters *(including how many partners review a coverage opinion before it is sent to the client)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please advise the approximate percentages of **your** work that is **third party** *(representing clients covered by insurance)* and **first party** *(representing an insurance company directly, i.e. coverage opinions, declaratory judgment actions, etc.)*: Third Party: \_\_\_\_\_%      First Party: \_\_\_\_\_%

7. Who are the firm's five (5) largest clients and what percent of your revenue over the past year is derived from each?

	Name of client	Percent of firm's revenue
1.		
2.		
3.		
4.		
5.		

- 8. Approximately how many matters per year are handled for these clients?      \_\_\_\_\_
- 9. How much of the firm's staff is devoted to these clients?      \_\_\_\_\_
- 10. How many matters and/or files are handled per attorney at any one time?      \_\_\_\_\_

11. Do **you** copy the client with pleadings, discovery and correspondence, including liability and damage estimates? Yes  No
12. When defending a client under an insurance policy that requires the client to consent to settlement, do **you** usually obtain consent to settle in writing? Yes  No
13. How often do **you** work with clients that have a \$50,000 or more deductible and/or Self Insured Retention?
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14. In the past year, how many jury trials did **your** attorneys begin and complete to verdict? \_\_\_\_\_

15. What percentage of **your** insurance defense cases are:

<b>Class Action/Mass Tort*</b>	_____ %	Medical Malpractice	_____ %
Automobile Accident	_____ %	Slip and Fall	_____ %
Product Liability	_____ %	Silica	_____ %
Hearing Loss	_____ %	General Liability	_____ %
Legal Malpractice	_____ %	Workers' Compensation	_____ %
Property	_____ %	Other: _____	_____ %
Asbestosis and other lung related disorders	_____ %	Other: _____	_____ %

16. With respect to **your** answer above, please state the estimated maximum dollar value of any one case:

<b>Class Action/Mass Tort*</b>	\$ _____	Medical Malpractice	\$ _____
Automobile Accident	\$ _____	Slip and Fall	\$ _____
Product Liability	\$ _____	Silica	\$ _____
Hearing Loss	\$ _____	General Liability	\$ _____
Legal Malpractice	\$ _____	Workers' Compensation	\$ _____
Property	\$ _____	Other: _____	\$ _____
Asbestosis and other lung related disorders	\$ _____	Other: _____	\$ _____

\*For **Class Action/Mass Tort** work, please provide a brief description of each case handled in the past three (3) years, to include number of plaintiffs, the central allegation, damages sought and outcome or current status.

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my Professional Liability Application.

\_\_\_\_\_  
*Signature of Applicant*  
 (Must be signed by a Managing Partner or Officer of the Firm)

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*