



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company
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250 Greenwich Street
New York, NY 10007-0033
1-800-423-7676

PLAINTIFF SUPPLEMENT
Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

1. Do **you** advertise **your** services on television or the radio? Yes No
If yes, please attach scripts or the advertisement or provide an explanation of the specific nature of the advertisement.
2. What is the average number of years experience in this area of practice for the attorneys in your firm? _____
3. What is the average case load per attorney on an annual basis? _____
4. What is the estimated average dollar value of cases handled by the firm? _____
5. What was the largest case value over the past two years? _____
6. Does your firm obtain written authority or written confirmation from the client as to the terms, conditions, and any monetary value upon which the case will be settled? Yes No
7. What percentage of cases are referred to **you** by other law firms? _____%
8. Do **you** use written referral agreements in all cases that are referred to **you**? Yes No
9. Do **you** use written referral agreements in all cases that are referred by **you** to other law firms? Yes No
10. What percentage of your plaintiff cases are:

Class Action/Mass Tort..... _____%	Legal Malpractice..... _____%
Automobile Accident..... _____%	Medical Malpractice* _____%
Product Liability* _____%	Slip & Fall _____%
Other* _____%	

*Describe: _____

11. Please explain the types of class action cases handled in the past three years; provide the number of such cases, the number of clients in each case, overall case value, status, nature or cause of action of each case as well as the firm's experience in class action representation.

12. What percent of your cases are taken within six months of the statute of limitation date? _____%

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

Signature of Applicant
(Must be signed by Managing Partner or Officer of the Firm)

Title

Date