

# HUDSON SPECIALTY INSURANCE COMPANY

## LAWYERS PLAINTIFF SUPPLEMENTAL APPLICATION

Name of Applicant Firm: \_\_\_\_\_

You must complete this Supplemental Application only if the Applicant Firm represents plaintiffs.

1. Indicate the percentage of plaintiff work devoted to the following specialties:

Category	Allocation	Category	Allocation
Admiralty / Maritime	%	Personal Injury / Property Damage	%
Asbestos	%	Product Liability	%
Aviation	%	Tobacco	%
Commercial	%	Other Toxic Torts	%
Employment Law	%	Other: _____	%
Medical Negligence	%	Other: _____	%
Non-Medical Professional Liability	%	<b>Total:</b>	<b>100%</b>

2. Is any of the indicated work or any work in which the firm has engaged over the past five years class action litigation? .....  Yes  No

If "Yes", provide the following information for each case (Please use a separate sheets if necessary.):

Date Filed	Type of Case	Number of Class Members	Values of Class	Venue

3. What is the average dollar value of cases closed during the last twelve (12) months?

\$1-\$24,999                       \$100,000-\$499,999                       \$1,000,000 or more  
 \$25,000-\$99,999                       \$500,000-\$999,999

4. What is the largest verdict or settlement achieved by the firm in the last five (5) years?

Less than \$1,000,000                       Between \$1,000,000 and \$5,000,000  
 More than \$5,000,000

5. How many lawyers are in plaintiff practice? \_\_\_\_\_

6. What is the average number of cases an individual lawyer handles per year? \_\_\_\_\_

7. In the last twelve (12) months, what percentage of cases did the firm:  
Reject? \_\_\_\_\_ %                      Settle? \_\_\_\_\_ %                      Take to trial? \_\_\_\_\_ %

8. Do you accept cases venued outside the state(s) in which the firm has office(s)                       Yes  No

If "Yes", list the states where cases have been accepted in the last five (5) years: \_\_\_\_\_  
\_\_\_\_\_

9. Do you use written referral agreements in all cases referred **by** the firm?                       Yes  No

10. Do you use written referral agreements in all cases referred **to** the firm?                       Yes  No

11. Do you obtain certificates of insurance in all cases referred **by** the firm?                       Yes  No

12. Do you obtain certificates of insurance in all cases referred **to** the firm?                       Yes  No

13. Does your firm utilize litigation funding services from alternative funding sources?                       Yes  No

\*if yes, please provide a separate addendum giving a brief description of same.

14. Does your firm engage in "bad faith" litigation against insurers?                       Yes  No

13. Do you accept referral fees or enter into fee-splitting arrangements with other firms?

14. Indicate all methods by which your firm has advertised in the last twenty-four (24) months:

- Television                       Newspaper                       Phone Directories                       Radio                       Magazine
- Internet or other Electronic Media                       Other (Describe): \_\_\_\_\_
- None

THIS SUPPLEMENTAL APPLICATION ATTACHES TO AND BECOMES A PART OF THE APPLICATION. THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

**FRAUD WARNINGS**

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

### SIGNATURE AND AUTHORIZATION

This Application must be signed and dated by a Principal or Officer of the Applicant Firm. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

\_\_\_\_\_  
Signature of Principal or Officer of Applicant Firm: Date: \_\_\_\_\_

\_\_\_\_\_  
Producer's Name: Area Code: Phone Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable to Iowa Agents Only)

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable to New Hampshire Producers Only)