



Administered by:
Lockton Risk Services
(800) 250-7876

**BODILY INJURY / PERSONAL INJURY PLAINTIFF
SUPPLEMENTAL APPLICATION**

Name of Applicant:

1. PLEASE PROVIDE the following for all lawyers involved with Bodily Injury / Personal Injury (BI/PI) Plaintiff litigation in the firm (attach additional pages as necessary):

Name	Years of BI/PI Plaintiff Litigation Experience	Average Annual BI/PI Plaintiff Case Load Per Attorney	Hours Devoted to BI/PI Plaintiff Activities During Last 12 Months	Total Practice Hours During Last 12 Months

2. a. What is the percentage of time devoted to representation of plaintiffs in the following areas of practice:

	Percentage	Average dollar size of judgments, awards & settlements
Bodily Injury/Personal Injury	%	\$
Product Liability	%	\$
Medical Malpractice	%	\$
Other (please specify)	%	\$

b. Does any member of the firm handle class action/multiple plaintiff cases? Yes No
If yes, please provide all details by separate attachment.

c. What percentage of plaintiff suits that you have filed were terminated by:

Trial/Verdict	%
Settlement	%
Other (please specify) i.e. substitution of counsel; case not pursued; etc.	%

3. Describe procedures used to prevent missed statutes of limitation, specifically for BI/PI plaintiff cases.

4. When accepting a case in an uncommon venue or jurisdiction, what procedures are utilized to ensure that statutes of limitations and other deadlines are properly identified?

5. Provide an annual percentage of cases accepted where there was less than six months before the running of the statute of limitations.

6. Does an attorney meet with every client *prior to accepting* the representation of that client? Yes No
If no, please explain.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)