



**Lawyers PROtect<sup>SM</sup>**  
**Litigation Areas Of Practice Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

**INSTRUCTIONS –**

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- If Applicant indicated any percentage of practice is litigation work, this supplement must be completed.
- For the purposes of this supplement “class action” means a civil court procedure under which one party, or a group of parties, may serve as representatives of a larger class. Includes matters where class action status has been or will likely be sought. By “mass tort”, we mean a class of civil actions in which multiple plaintiffs are injured in a similar fashion by a defective product, hazardous substance, or disaster.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Applicant Name (as identified in the application submitted for the proposed insurance):

**PLAINTIFF LITIGATION INFORMATION**

2. Is any percentage of the Applicant’s litigation work devoted to the representation of plaintiffs?  Yes  No
3. Indicate the percentage of plaintiff work devoted to the following specialties:

	% of Revenue	Average Case Size	Largest Case Size
Admiralty/Maritime	%	\$	\$
Asbestos	%	\$	\$
Aviation	%	\$	\$
Employment Law	%	\$	\$
Medical Negligence	%	\$	\$
Non-Medical Professional Liability	%	\$	\$
Personal Injury/Property Damage	%	\$	\$
Pharmaceutical or Medical Device	%	\$	\$
Product Liability	%	\$	\$
Tobacco	%	\$	\$
Other Toxic Torts	%	\$	\$
Other (describe):	%	\$	\$
<b>Total Revenue (must add to 100%)</b>	<b>100%</b>		

4. Is any of the plaintiff work in which the Applicant has engaged over the past five (5) years class action or mass tort litigation?  Yes  No

If "Yes," provide the following information:

a.

Caption of action			
Subject matter			
Date representation began		Jurisdiction	
Capacity of firm		Was class certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total class members		Total members represented by firm	
Total damages sought		Current status	

b.

Caption of action			
Subject matter			
Date representation began		Jurisdiction	
Capacity of firm		Was class certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total class members		Total members represented by firm	
Total damages sought		Current status	

5. What percentage of plaintiff work is allocated to class action work?  %

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

7. In the last twelve (12) months, what percentage of cases did the Applicant reject?

8. Does the Applicant accept cases within six (6) months of the applicable statute of limitations?  Yes  No

9. Does the Applicant 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.

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**INSURANCE DEFENSE INFORMATION**

10. Is any percentage of the Applicant's work devoted to insurance defense or coverage?  Yes  No

11. In what areas are defense work provided?

General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directors' and Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Liability (other than Medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (describe):			

12. Identify the Applicant's top five (5) insurance company clients:

Name of Client	% of Gross Billings
	%
	%
	%
	%
	%

13. Does Applicant:
- a. Provide coverage opinions?  Yes  No
  - b. Make reserve recommendations?  Yes  No
  - c. Operate as monitoring/supervising counsel?  Yes  No
  - d. Draft insurance policies or endorsements?  Yes  No
  - e. Provide regulatory advice?  Yes  No
  - f. Offer risk management/loss control services?  Yes  No
  - g. Operate as independent or cumis counsel?  Yes  No
14. If the Applicant provides coverage opinions:
- a. Provide a percentage of insurance defense cases where a coverage opinion is provided:  %
  - b. Does the Applicant provide coverage opinions where the firm is also representing a policyholder in litigation?  Yes  No
  - c. Does the Applicant have a process by which coverage opinions are independently reviewed and evaluated prior to sending to client?  Yes  No

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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