

# Area of Practice Supplement Application Plaintiff / Civil Litigation



As used herein, Company refers to a member insurance company of Axis Insurance

N/A



1. For all attorneys in the firm who perform in plaintiff's practice, what is the average number of years of experience working in this area of law? \_\_\_\_\_
  2. Average number of cases these attorneys handle per year (per attorney): \_\_\_\_\_
  3. Indicate percentage of cases in the following categories:
    - Medical Malpractice ..... %
    - Professional Negligence – other than Medical ..... %
    - Product Liability ..... %
    - Auto/Slip and Fall ..... %
    - Workers Compensation ..... %
    - Other\* ..... %
- \* Provide a description using the space provided below or by separate attachment.
4. What percentage of cases are class action? \_\_\_\_\_ %

<b>CLASS ACTION:</b> Please provide the following details on all Class Action matters in which the firm was involved during the past five (5) years: <i>(If no Class Action matters were handled, please so indicate)</i>						
Date Representation Began (mo/day/yr)	Subject Matter of Class Action	Capacity Served (1)	On Behalf (2)	Total # of Class Members	Total Damages	Current Status
Note1 – For Capacity: [Lead Counsel = LC] [Co-Lead Counsel = CLC] [Local Counsel Only = LO] [Other = please explain]; Note2 – On Behalf of: [ Plaintiff = P] [Defendant = D]; <i>(if additional space needed, please attach a separate sheet with details)</i>						

5. Average dollar value of plaintiff cases: \_\_\_\_\_ Maximum dollar value of any one plaintiff case: \$ \_\_\_\_\_
6. What is the percentage of such cases referred by the Applicant Firm to other law firms for handling? \_\_\_\_\_ %

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in ink**

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

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_