

| BERKLEY SELECT LLC |

Lawyers Professional Liability Insurance SUPPLEMENTAL PLAINTIFF QUESTIONNAIRE

Applicant Instructions:

- Answer all questions in ink. If answer is none, state "none."
- If space is insufficient to answer all questions fully, use separate sheets of paper.

PLAINTIFF SUPPLEMENTAL QUESTIONS

If any of the Applicant's practice is Plaintiff, the Applicant must complete this section.

1. Please indicate the percentage of plaintiff's work devoted to the following specialties.

Admiralty	_____	Medical Negligence	_____	Products Liability	_____
Aviation	_____	Non-Medical Professional Liability	_____	Other Toxic Torts	_____
Asbestos	_____	Other Toxic Torts	_____	Tobacco	_____
Commercial/Business	_____	Personal Injury/Property Damage	_____	Workers' Compensation	_____
Employment Law		Pharmaceutical		Other (please specify):	_____
				TOTAL	100%

2. Does any of the indicated work include class action suits? **If yes, please provide details.**
 Yes No
3. What is the average dollar value of cases closed during the last twelve months?
 Less than \$25,000. \$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 years?
 \$1,000,000. or less More than \$1,000,000. and less than \$5,000,000. \$5,000,000. or more
5. How many lawyers are in plaintiff practice? _____
6. What is the average number of cases an individual attorney handles per year? _____
7. In the last twelve months, what percentage of cases did the firm:
 Reject _____ % Accept & Settle Before Trial _____ %
 Accept & Still Pending _____ % Accept & Try to Conclusion _____ %
8. Does the Applicant accept cases venued outside the state(s) in which the firm has office(s)?
 N/A Yes No

- 9. Does the Applicant use written referral agreements in all cases that are referred **by** the firm?
 N/A Yes No
- 10. Does the Applicant use written referral agreements in all cases that are referred **to** the firm?
 N/A Yes No
- 11. Does the Applicant obtain certificates of insurance in all cases that are referred **by** the firm?
 N/A Yes No
- 12. Does the Applicant obtain certificates of insurance in all cases that are referred **to** the firm?
 N/A Yes No
- 13. Does the Applicant split fees? **If yes, please provide details.**
 Yes No
- 14. Indicate all methods by which the Applicant has advertised in the last twelve months. **Check all that apply.**
 Television Newspaper Yellow Pages Internet or other electronic media
 Radio Magazine None
 Other, **please specify:** _____

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signed: _____ Date: _____
Partner, Officer and/or Owner Title

Name of Firm: _____

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.