

National Union Fire Insurance Company of Pittsburgh, Pa.®
LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT J- PLAINTIFF LITIGATION
STATE OF FLORIDA

1. a. What percentage of Firm's plaintiff litigation work falls within the following areas:
(Please use the same time period as the Main Application, but allocate the percentages by number of transactions rather than billable hours.)

| | |
|--|-------|
| a. Auto Accidents | ____% |
| b. Slip and Fall | ____% |
| c. Product Liability | ____% |
| d. Medical Malpractice | ____% |
| e. Legal Malpractice | ____% |
| f. Class Action/Mass Tort | ____% |
| g. Other plaintiff litigation (please describe): _____ _____ | ____% |
| TOTAL | ____% |

- b. Of the partners/members handling the Firm's plaintiff litigation (see Main Form Application Section B. I. Areas of Practice question 1.), provide the following information:

| Partner/Member | Plaintiff Litigation Years of Experience | Average Number of Cases Handled in last year |
|----------------|---|--|
| | | |
| | | |
| | | |

2. a. Provide a breakdown (percentage or number) of the cases settled:
___ before trial ___ after trial ___ alternative method.
- b. Based on the cases settled, regardless of method, provide a percentage breakdown by range(s) of the awards, judgments or settlements:

| | |
|---------------------------------|-------|
| i. Up to \$99,999 | ____% |
| ii. \$100,000 to \$499,999 | ____% |
| iii. \$500,000 to \$999,999 | ____% |
| iv. \$1,000,000 to \$9,999,999 | ____% |
| v. \$10,000,000 to \$49,999,999 | ____% |

| | |
|---------------------------|---------|
| vi. \$50,000,000 and over | _____ % |
| TOTAL | _____ % |

3. Does the Firm accept cases that are less than three (3) months prior to the expiration of the Statute of Limitations? Yes No

If "yes", please describe the procedures the Firm has in place to ensure the proper filings are completed prior to the expiration of the Statute of Limitations.

4. List the three (3) largest awards, judgments or settlements the Firm has obtained in the past two (2) years.

| Case Type | Dollar Amount |
|-----------|---------------|
| | |
| | |
| | |

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing partner or
managing executive of the Firm)

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.