

**St. Paul Fire and Marine Insurance Company
Saint Paul, Minnesota**

Your Name (legal name of the law firm or individual applying for this insurance): _____

1. Percentage of practice in the following areas:

		Average case size	Maximum case size
a. Class action	%	\$	\$
b. Lawyers malpractice	%	\$	\$
c. Medical malpractice	%	\$	\$
d. Products liability	%	\$	\$
e. Other BI and PD	%	\$	\$
f. Other	%	\$	\$

2. Number of Cases

- a. Number of cases per attorney _____
- b. % Of cases settled before trial _____

3. Referral of Cases

- a. % of cases referred out to other law firms _____
- b. % of cases referred to you from other law firms _____
- c. Does applicant use a written agreement for any cases referred out or in? Yes No
- d. Does the agreement outline the responsibilities of each firm? Yes No
- e. Do you diary and follow up on statutes of limitations and other deadlines even if the other firm is responsible? Yes No

4. Support Staff

Total number of non-attorney support staff _____

5. Contingent Fee

% of settlement or verdict the firm charges for it's fee _____

6. Success Ratio

% of litigation cases handled during the past 12 months that concluded in a successful result for your client _____

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this supplement are true and complete and will be deemed material to the acceptance of the risk assumed by The St. Paul in the event an insurance policy is issued.
- If the information supplied in this supplement changes between the date of the application and the effective date of any insurance policy issued by The St. Paul in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul is authorized to make an investigation and inquiry in connection with this supplement.
- The St. Paul is not bound or obligated to issue any insurance policy or to provide the insurance requested in this supplement.

Signature (Partner, Member, Officer, Shareholder)	Title	Date
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Important note. This supplement to your application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.