

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

IF FIRM IS NEWLY ESTABLISHED, PLEASE PROVIDE YOUR BEST ESTIMATE.

2. Describe the types of cases handled (e.g. admiralty, aviation, asbestos, bodily injury, breast implant, commercial, discrimination, general liability, medical malpractice, personal injury, products, toxic tort, sexual harassment, tobacco, worker's compensation, unfair competition, wrongful death, etc.)

- 3. What is the Firm's average litigation case load per year? _____
- 4. What percentage of the Firm's litigation cases are settled before trial? _____ %
- 5. What percentage of the Firm's litigation cases are tried to a verdict? _____ %
- 6. What percentage of the Firm's litigation cases are handled on a contingency fee basis? _____ %
- 7. What is the estimated average dollar size of judgments, awards and settlements in the litigation cases handled by the Firm? \$ _____
- 8. What is the largest judgment, award or settlement in a litigation case achieved by the Firm in the past five years? \$ _____
- 9. Does the Firm take litigation case referrals from other law firms? Yes No
If yes, please indicate the approximate number of cases and the types involved.
- 10. Does the Firm refer cases to other law firms? Yes No
If yes, please indicate the approximate number of cases and the types involved.
- 11. Has the Firm been involved in any class action plaintiff cases within the past five years? Yes No
If yes, please describe the type of case, the injury or loss involved and the number of plaintiffs involved.

FLORIDA: 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 of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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