

**Areas of Practice Supplement: Plaintiff Law**

Policy Number \_\_\_\_\_

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question.

**1. General Information:** Applicant (Firm) Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Areas of Focus within Plaintiff Law:**

Areas of Focus with Plaintiff Law	% of Revenues	Average Value	Maximum Value	# of Cases
Asbestos/Toxic Tort				
Class Action/Mass Tort				
Medical Malpractice				
Non-Medical Professional Liability				
Products Liability				
Personal Injury/Bodily Injury				
Other				
TOTAL	100%			

**3. For each class action/multiple plaintiff case in which the Applicant performed work in the last five years, please either attach a document or provide information below detailing the caption of the action, date filed, nature of the allegations, the approximate size of the class or plaintiff group, venue, the resolution, award and/or settlement.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Does the Applicant accept cases in venues outside the state(s) in which the Applicant has offices?**  Yes  No

If yes, list all venues/states in which that has occurred in the last five years: \_\_\_\_\_

\_\_\_\_\_

**5. With regard to referrals, check all that apply:**

- Written referral agreements are required in all cases referred to the Applicant
- Written referral agreements are required in all cases referred by the Applicant
- The Applicant requires certificates of insurance for all cases referred out of the Applicant

**MANDATORY: All Florida applicants must read the following:**

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.