

Class Action/Mass Tort – Supplemental Application For Lawyers Professional Liability Insurance Policy



AMERICAN ZURICH INSURANCE COMPANY

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

Name of Applicant: _____

This document is part of the application for Lawyers Professional Liability Insurance Policy. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.

1. Please complete the following regarding class action or potential class action representations in the past five (5) years:

Class Name ¹	Certified Y or N	Class Description ²	Lead Counsel Y or N	Co-Counsel Y or N	Other Role ³	Maximum # Participants ⁴	# Participants Represented ⁵	Individual Settlement Value ⁶	Overall Settlement Value ⁷

¹ Name of class or potential class

² Brief description of class nature (i.e., tobacco, antitrust/securities, etc.)

³ Applicant's role if other than lead or co-counsel

⁴ Number of actual/potential class participants

⁵ Number of class participants represented by applicant

⁶ Size of actual or potential individual settlement/adjustments

⁷ Overall size or potential size of the entire class settlement/judgment

2. **a.** Does the Applicant have a procedure for identifying potential members of a class? YES NO
If YES, on a separate sheet, describe the procedures.
- b.** Does the Applicant advise potential clients of statute of limitation deadlines when declining a representation? YES NO
- c.** Does the Applicant handle out of state clients in a class action suits? YES NO
If YES, on a separate sheet, provide a description of the procedures used to ensure that the applicable state regulations and laws affecting that out of state client are adhered to?
3. Does the Applicant intend to accept mass tort representation in the future? YES NO
If YES, please describe and specify the type of case and your role:

4. Please complete the following for all of the Applicants Attorneys involved in Class Action/Mass Tort work:

Attorney Name	# of Years of Experience Prosecuting Class Actions	# of Years of Experience Defending Class Action	# of Cases Prosecuting Class Actions	# of Cases Defending Class Actions

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

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

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: _____ **Date:** _____
Principal, Partner or President

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____
Agent