

- NAVIGATORS INSURANCE COMPANY (NAV)
- NAVIGATORS SPECIALTY INSURANCE COMPANY (NSIC)



LAWYERS PROFESSIONAL LIABILITY

PERSONAL INJURY PLAINTIFF SUPPLEMENT

1. Has the firm advertised during the past 12 months through any of the following:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Television | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Radio | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Newspaper | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| Yellow Pages | <input type="checkbox"/> YES | <input type="checkbox"/> No |

If yes, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of personal injury cases during the past 12 months: _____

3. Average number of personal injury cases each attorney handles per year: _____

4. Percentage of cases:
 Settled before trial? _____%
 Tried to conclusion? _____%
 Referred to the firm by other law firms? _____%

5. Are written referral agreements used in all cases which are referred to the firm? YES No

6. Are written referral agreements used in all cases that the firm refers out? YES No

7. Are certificates of insurance obtained in all cases which are referred out? YES No

8. Are Settlement Authority Agreement forms (signed by your client) used when settlements are reached? YES No

9. Does the firm accept cases with less than six months to the Statute of Limitation? YES No

10. Does the firm handles cases with catastrophic injuries? YES No
If so, please describe the injuries: _____

11. Average dollar value of cases:

<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,000 – \$200,000	<input type="checkbox"/> \$200,001 - \$500,000
<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> Other _____	

12. Indicate below the percentage of the firm's plaintiff cases and the maximum dollar size of judgments, awards and/or settlements for each:

Class Action/Mass Tort*:	_____ %	\$ _____
Legal Malpractice:	_____ %	\$ _____
Automobile Accident:	_____ %	\$ _____
Medical Malpractice:	_____ %	\$ _____
Product Liability:	_____ %	\$ _____
Slip and Fall:	_____ %	\$ _____
Other: _____	_____ %	\$ _____

* If indicated, please complete the Class Action/Mass Tort Supplement

I understand that the information submitted in this supplement becomes a part of my Lawyers Professional Liability application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.