

	James River Insurance Company 7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	Supplement Application for Mass Tort/Class Action
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-287-2816
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

SUPPLEMENT APPLICATION FOR MASS TORT/CLASS ACTION

Please answer all questions or indicate "Not Applicable". At your option, you may attach a description of your office's mass tort / class action practice.

Firm Name _____

1. What types of mass tort or class action cases do you handle (details regarding issues, types of products, etc.)? Use extra page if needed to describe fully.

2. How many mass tort or class action cases have you handled in the past 5 years? _____

For these cases are you the "lead" attorney? Yes No
 The "local" attorney? Yes No
 The referring attorney? Yes No
 If cases are only referred to other firms, are these other firms in other jurisdictions?
 If "Yes", where? _____ Yes No

Do you retain a fee for such referrals? Yes No
 Do you continue to work on the case after referral? Yes No

If you are not the solo attorney, do you send your clients a letter outlining the specific scope of your representation? (i.e., advising them which tasks you are or are NOT performing, etc) Yes No

3. How many clients do you typically represent for each case? _____

4. What is the dollar value of each (potential damages)? _____

5. Do you represent clients in other jurisdictions? Yes No
 If "Yes", where? _____

What types of mass tort or class action cases are handled? _____

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.
 The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: