



James River Insurance Company

7130 Glen Forest Drive, Suite 210
Richmond, VA 23226
804-289-2700

**Insurance Defense Supplemental Application
Lawyers Professional Liability**

PROFESSIONAL LIABILITY Division

Email to PL@jamesriverins.com or,
Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

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!

INSURANCE DEFENSE SUPPLEMENTAL APPLICATION

1. Name of Applicant Firm: _____

2. Insurance Defense Experience

Name of Each Attorney Who Performs Insurance Defense Work	Number of Years Insurance Defense Experience	Percentage of Time Devoted to Specialization

3. Provide a list of the Applicant Firm's major insurance company clients.

4. What type of defense work is provided (e.g., products liability, auto, medical malpractice, etc.)?

5. Does the Applicant Firm:

- (a) represent multiple insureds/defendants in litigation? Yes No
- (b) draft insurance policies or endorsements? Yes No
- (c) ever make reserve recommendations to the insurance company? Yes No
- (d) use a standard engagement letter when retained to represent the policyholder? Yes No

6. Does the Applicant Firm provide coverage opinions to the insurance company? Yes No
 (a) If "Yes", provide a percentage of insurance defense where a coverage opinion is provided: _____%
 (b) If "Yes", are such opinions provided in the same case in which the Applicant Firm is also representing the policyholder? Yes No
7. Is there a standard format and schedule within the Applicant Firm for reporting to the insurance company? Yes No
8. Does the Applicant Firm ever act as supervisory counsel for an insurance company (i.e., assigning and supervising defense counsel in addition to making a coverage determination and setting reserves on cases)? Yes No
- If "Yes", provide full details on the extent and the companies for which supervision is due.
-
-

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers' Professional Liability Proposal Form and is subject to the same representations and conditions.

	Title:
--	--------

Signature of Partner, Owner, Officer or Principal

	Dated:
--	--------

Print Name