



James River Insurance Company

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

**Plaintiff Supplemental Application
Lawyers**

**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.

- 1. Have you advertised during the past 12 months through any of the following:
Television Yes No Radio Yes No
Newspaper Yes No Yellow Pages Yes 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? _____% Cases tried to conclusion? _____%
Referred to you by other law firms? _____%
- 5. Do you use written referral agreements in all cases which are referred to you? Yes No
- 6. Do you use written referral agreements in all cases which are referred out by you? Yes No
- 7. Do you obtain certificates of insurance in all cases which are referred out? Yes No
- 8. Do you use Settlement Authority Agreement forms (signed by your client) when settlements are reached? Yes No
- 9. Average dollar value of cases:
 Less than \$25,000 \$25,000 - \$100,000 \$100,000 - \$500,000
 \$500,000 - \$1,000,000 Other _____
- 10. What percentage of your plaintiff case are:
_____% Class Action Suit _____% Legal Malpractice _____% Automobile Accident
_____% Medical Malpractice _____% Product Liability _____% Slip and Fall
- 11. With respect to your answer in question 10, please state the maximum dollar value of any one case:
_____ Class Action Suit _____ Legal Malpractice _____ Automobile Accident
_____ Medical Malpractice _____ Product Liability _____ Slip and Fall
- 12. Percentage of recovery your firm takes as fee: 0.00%
- 13. Please attach a description of any class action litigation the firm has handled in the last three (3) years.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE, APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Title _____

Applicant's Signature: _____ Date _____

Agent/Broker Name: _____