

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

PLAINTIFF LITIGATION SUPPLEMENT

GENERAL INFORMATION

1. Describe the <u>types</u> of cases handled with <u>percentages for each</u>, to total 100%:

	Auto Related	%	Medical Malpractice	%		
	Admiralty	%	Products Related Injury	%		
	Aviation	%	Toxic Tort	%		
	Asbestos	%	Sexual Harassment	%		
	Bodily Injury	%	Tobacco	%		
	(non-medical malpractice)		Veterans	%		
	Breast Implant	%	Workers Compensation	%		
	Discrimination	%	Wrongful Death	%		
	General Liability	%	Other (describe)			
3. 4. 5.	What is the firm's average litigation case load per year?					
7.	What is the largest judgment, award or settlement in a litigation case achieved by the firm in the past five years?					
8.	Does the firm take litigation case If Yes, please indicate the approx			Yes 🗌 No 🗌		
9.	Does the firm refer clients, cases of	or work to other law firr	ns?	Yes 🗌 No 🗌		
10. If Yes to # 9, please provide the following information:						
	a. The approximate number or Next 12 months?	f such clients/cases/wor	k for the past 12 months?			
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b.	Description of the type of clients/cases/work you refer to other law firms?				
C.	 c. Before referring, do you always confirm that the working attorney is admitted to Yes practice and in good standing with the bar of the jurisdiction at issue? If No, please explain:				
d.	 d. Do you always verify the working attorney has adequate malpractice insurance by Yes requesting a copy of his/her insurance declarations page or a certificate of insurance? If No, please explain: 				
e. Please describe any other measures used by you to verify the qualifications and reputation or prospective working attorney to whom you refer clients/cases:					
12. Has t	 he clients/cases/work referred to other law a. Refer to another firm and you receive. b. You receive a fee but will not be do c. You refer but will continue to work other attorney: d. Other: 	oing any of the work: t on the file along with the Must t plaintiff cases within the past five years?	in place: % % % 		
I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.					
Signature	e of Applicant/Title/Date	(Must be signed by a Principal, Partner, or Offi	cer of the Firm)		