

HUDSON EXCESS INSURANCE COMPANY

LAWYERS PLAINTIFF SUPPLEMENTAL APPLICATION

Name of Applicant Firm: _____

You must complete this Supplemental Application only if the Applicant Firm represents plaintiffs.

1. Indicate the percentage of plaintiff work devoted to the following specialties:

Category	Allocation	Category	Allocation
Admiralty / Maritime	%	Personal Injury / Property Damage	%
Asbestos	%	Product Liability	%
Aviation	%	Tobacco	%
Commercial	%	Other Toxic Torts	%
Employment Law	%	Other: _____	%
Medical Negligence	%	Other: _____	%
Non-Medical Professional Liability	%	Total:	100%

2. Is any of the indicated work or any work in which the firm has engaged over the past five years class action litigation? Yes No

If "Yes", provide the following information for each case (Please use a separate sheets if necessary.):

Date Filed	Type of Case	Number of Class Members	Values of Class	Venue

3. What is the average dollar value of cases closed during the last twelve (12) months?

\$1-\$24,999 \$100,000-\$499,999 \$1,000,000 or more
 \$25,000-\$99,999 \$500,000-\$999,999

4. What is the largest verdict or settlement achieved by the firm in the last five (5) years?

Less than \$1,000,000 Between \$1,000,000 and \$5,000,000
 More than \$5,000,000

5. How many lawyers are in plaintiff practice? _____

6. What is the average number of cases an individual lawyer handles per year? _____

7. In the last twelve (12) months, what percentage of cases did the firm:
Reject? _____% Settle? _____% Take to trial? _____%

8. Do you accept cases venued outside the state(s) in which the firm has office(s) Yes No

If "Yes", list the states where cases have been accepted in the last five (5) years: _____

9. Do you use written referral agreements in all cases referred **by** the firm? Yes No

10. Do you use written referral agreements in all cases referred **to** the firm? Yes No

11. Do you obtain certificates of insurance in all cases referred **by** the firm? Yes No

12. Do you obtain certificates of insurance in all cases referred **to** the firm? Yes No

13. Does your firm utilize litigation funding services from alternative funding sources? Yes No

*if yes, please provide a separate addendum giving a brief description of same.

14. Does your firm engage in "bad faith" litigation against insurers? Yes No

13. Do you accept referral fees or enter into fee-splitting arrangements with other firms?

14. Indicate all methods by which your firm has advertised in the last twenty-four (24) months:

Television Newspaper Phone Directories Radio Magazine

Internet or other Electronic

Media

Other (Describe): _____

None

THIS SUPPLEMENTAL APPLICATION ATTACHES TO AND BECOMES A PART OF THE APPLICATION. THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia and Louisiana: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of

claim containing any false, incomplete, or misleading information is guilty of a felony.

Kansas: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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 \$5,000 and the stated value of the claim for each such violation.

Pennsylvania: 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Oregon: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which may be a crime and subjects such person to criminal and civil penalties in many states.

SIGNATURE AND AUTHORIZATION

This Application must be signed and dated by a Principal or Officer of the Applicant Firm. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

_____ Date: _____
Signature of Principal or Officer of Applicant Firm:

Producer's Name: _____ Area Code: _____ Phone Number: _____

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____

(Applicable to New Hampshire Producers Only)