



# CLASS ACTION LITIGATION SUPPLEMENTAL APPLICATION

Administered by:

PCM Services, LLC  
11 Hanover Square, 6<sup>th</sup> Fl.  
New York, NY 10005-2863

**NOTE:**

For purposes of this Supplemental Application, the term "Class Action" includes any lawsuit which was certified as a class action in any state or federal court or has been sought to be certified as a class action.

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

- 1 a. Does the Applicant firm anticipate participating in or having any involvement in any additional or new class action lawsuits during the next twelve months?  Yes  No
- b. Relative to each of the class action cases the Applicant firm has been involved in during the last five (5) years or are currently involved in, please complete the following:

INFORMATION NEEDED	CASE #1	CASE #2
Name of Case – Name of Plaintiffs and Defendants:	-----	-----
Has the class been "Certified"?	---	---
Has an offer of Settlement been made by any Defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Verdict/Settlement, if applicable:		
Was this case a Verdict or Settlement?		
Total dollar amount of Verdict/Settlement:		
What was the subject of the lawsuit:		
Approximate total number of class members:		
Was the firm sole/lead counsel or co-counsel?		
If Settlement, was a fairness hearing held, or was it otherwise formally court approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Verdict/Settlement been collaterally attacked by anyone? If Yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any client or any co-plaintiff or co-defendant become bankrupt or insolvent? If Yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_ If additional space is needed, please provide complete details on a separate attachment.

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner      \_\_\_\_\_  
Print or Type Name and Title      Date (month-day-year)