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PLAINTIFF PERSONAL INJURY – SUPPLEMENTAL APPLICATION

irm Name:	Policy Number:			
 Identify the attorneys in the firm who handle F additional requested information. 	Plainti	iff Perso	onal Injury	cases and provide
Attorney Name		Years of Plaintiff Personal Injury Experience		Average Annual Personal Injury Caseload
Please indicate the percentage of time devoted following personal injury areas of practice over			ecent 24 m	onths.
Personal Injury Areas of Practice	Percentage		Average dollar size judgments, awards and settlements	
Bodily Injury (auto accidents, premises liability, etc.)	%		\$	
Product Liability	%		\$	
Medical Malpractice	%		\$	
Workers' Compensation	%		\$	
 3. In the past year, what is the largest judgment, case achieved by the firm? \$	lved	in any o	class action	or mass tort plain
 In the past three years, has the firm represente the accident or injury occurred outside the Sta YES □ NO □ If yes, please complete the table below. Att. 	ite of	North (Carolina?	, ,
State			Numb	er of Clients

^{*}Please visit our website to see Warren Savage's article "Where Did You Say the Accident Happened?", or click here to view the article.

procedures for handling such cout-of-state statute of limitation	ases, including how the firm (1) determines the applicable s, (2) red-flags the file for special attention during pre-suit and (3) establishes a deadline for obtaining out-of-state to be filed.
7. Do you anticipate an increase i next year?YES □ NO □	n the number of out-of-state personal injury cases in the
8. Describe office procedures used missed.	d to ensure North Carolina statutes of limitations are not
before the expiration of the stat YES □ NO □	cases where the complaint was filed less than 90 days* rute of limitations?
This Supplemental Application is part of Lawyers Professional Liability Insurance below for the firm certifies that each atto	f, and is incorporated by reference into, the Application for e submitted by the firm designated above. The individual signin orney listed in response to Question 1 of this Supplemental appleted Supplemental Application and agrees that all of the correct.
Signature of Partner, Director, Office	er or Owner Date