

CLASS ACTION SUPPLEMENT

- INSTRUCTIONS: 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation. 2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the Application, or attach additional sheets as necessary. 3. Please sign this supplement to include this completed form as part of the Application.

Named Insured/ Applicant: _____

For each Class Action or Mass Tort matter that the Firm, or any of the Firm's attorneys (regardless of what firm he or she was practicing with at the time), rendered legal services in the last five years, please complete the following:

- 1. Date that the Firm began this Class Action/Mass Tort representation: _____
2. Subject matter of Class Action/Mass Tort: _____
3. Firm served in what capacity?
[] Lead Counsel
[] Co-Lead Counsel
[] Local Counsel only
[] Other (please explain): _____
4. In this matter, the Firm represented:
[] Plaintiffs
[] Defendants
5. Total Number of Class Members: _____
6. Total Number of Class Members represented by the Firm: _____
7. Total Damages sought for all Class Members: _____
8. Current status of Class Action/Mass Tort litigation: _____

Please copy this page and complete for each additional Class Action/Mass Tort matter.

Fraud Prevention – General Warning

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

SIGNED: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____
PLLD A05FL 1209