

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.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____