

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: _____

Fraud Prevention

Attention: Insureds in Maine

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

Attention: All Other Insureds

Refer to PNAP 001 – Fraud Notice attached to your policy.