

## Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage  
9655 Granite Ridge Drive  
Suite 500  
San Diego, CA 92123

For additional support you can email [techsupport@aherninsurance.com](mailto:techsupport@aherninsurance.com) or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

### **IMPORTANT!**

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

Law Firm Name: \_\_\_\_\_

1. List each lawyer involved in class action/mass tort representation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Complete the following chart for each class action/mass tort case handled in the past 10 years, either by the law firm, or any lawyer in the law firm (regardless of what law firm they practiced in at the time):

Date Services Began	Nature of Case (include the cause of action)	Legal Capacity	Party Represented	Total Number of Class Members	Jurisdiction	Total Value	Current status
		<input type="checkbox"/> Lead counsel <input type="checkbox"/> Co-counsel <input type="checkbox"/> Local counsel only	<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff			\$	
		<input type="checkbox"/> Lead counsel <input type="checkbox"/> Co-counsel <input type="checkbox"/> Local counsel only	<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff			\$	
		<input type="checkbox"/> Lead counsel <input type="checkbox"/> Co-counsel <input type="checkbox"/> Local counsel only	<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff			\$	
		<input type="checkbox"/> Lead counsel <input type="checkbox"/> Co-counsel <input type="checkbox"/> Local counsel only	<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff			\$	

\_\_\_\_\_  
Signature/Title of Law Firm Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

For residents of CA: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company, doing business as PSIC Insurance Company in CA.