

## 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**



## CLASS ACTION/MASS TORT SUPPLEMENT

Please provide the information requested below for all Class Action/Mass Tort matters in which the firm, or any of the firm's attorneys (regardless of what firm they were practicing with at the time), rendered legal services during the past five years. Please make additional copies of this page as necessary.

Date representation began	Subject matter	State/Court Jurisdiction	Firm served in what capacity: LC – Lead Counsel CLC – Co-Lead Counsel LCO – Local Counsel Only Other (please explain)	Represented: P – Plaintiffs D – Defendants  Type of Business	Was the Class certified? Y/N	Total # of Class Members	Total # of Class Members represented	Total damages for all Class Members	Current status

### Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

### Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant Firm: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: Ahern Insurance Brokerage  
Agent/Broker License Number: 0C04825  
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**INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.**