

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 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**



PERSONAL INJURY PLAINTIFF SUPPLEMENT

1. Has the firm advertised during the past 12 months through any of the following:

- Television..... Yes No
 Radio..... Yes No
 Newspaper..... Yes No
 Yellow Pages..... Yes No

If yes, please attach copies of this advertising or provide an explanation of the specific nature of such advertising.

2. Total number of personal injury cases during the past 12 months: _____

3. Average number of personal injury cases each attorney handles per year: _____

4. Percentage of cases:

- Settled before trial? _____ %
 Tried to conclusion? _____ %
 Referred to the firm by other law firms? _____ %

5. Are written referral agreements used in all cases which are referred to the firm?..... Yes No

6. Are written referral agreements in all cases that the firm refers out?..... Yes No

7. Are certificates of insurance obtained in all cases which are referred out?..... Yes No

8. Are Settlement Authority Agreement forms (signed by your client) used when settlements are reached?..... Yes No

9. Does the firm accept cases with less than six months to the Statute of Limitation?..... Yes No

10. Average dollar value of cases:

- Less than \$25,000 \$25,000 – \$200,000 \$200,001 - \$500,000
 \$500,001 - \$1,000,000 Other _____

10. Indicate below the percentage of the firm's plaintiff cases and the average dollar size of judgments, awards and settlements for each:

- Legal Malpractice: _____ % \$ _____
 Automobile Accident: _____ % \$ _____
 Medical Malpractice: _____ % \$ _____
 Product Liability: _____ % \$ _____
 Slip and Fall: _____ % \$ _____
 Other: _____ % \$ _____

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

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.