

LAWYER REFERRAL & INFORMATION SERVICE
of the
San Diego County Bar Association

Application for **INSURANCE** Panel Membership

Complete this form and return to the LAWYER REFERRAL & INFORMATION SERVICE,
1333 Seventh Avenue, San Diego, California 92101.

FOR OFFICE USE ONLY			
State Bar Date _____	State Bar # _____	Record of Discipline	___ YES ___ NO
SDCBA Member ___ YES ___ NO		Insurance Expiration _____	

(PLEASE TYPE or PRINT BELOW)

(Last Name) _____ (First Name) _____ (Initial) _____ (Telephone) _____

(Complete Office Address Including Zip Code)

I, _____, declare that:

1. I have been in practice for two years or more (_____) during which time 25% of my practice
specify
has been devoted to insurance related litigation.

2. Within the last five years, I have served as counsel of record in ten (10) or more insurance matters,
which involve claiming or resisting coverage, inter-carrier claims or insurance bad faith.
Identification of ten such matters is as follows:

Name of Case	Court and Case Number	Date	Description of Case	Work Performed
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(a)

(b)

(c)

<u>Name of Case</u>	<u>Court and Case Number</u>	<u>Date</u>	<u>Description of Case</u>	<u>Work Performed</u>
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(d)

(e)

(f)

(g)

(h)

(i)

(j)

OR,

3. Within the past five years, I have fully litigated three (3) or more insurance bad faith or coverage cases to bench or jury verdict. Identification of three such matters is as follows:

<u>Name of Defendant</u>	<u>Court</u>	<u>Case Number</u>	<u>Date</u>	<u>Charges</u>	<u>Disposition</u>
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(a)

<u>Name of Defendant</u>	<u>Court</u>	<u>Case Number</u>	<u>Date</u>	<u>Charges</u>	<u>Disposition</u>
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(b)

(c)

4. Other information which I believe may be relevant: (Optional)

5. Attach exhibits if necessary.

6. Attached are two "Recommendation of Professional Qualification" forms from California lawyers or judges attesting to my qualifications in the area for which I am applying. **These form letters specifically reflect the authors' knowledge of my qualifications and include the writers' opportunity to observe my qualifications in the area for which I am applying.** If these form letters are from lawyers, they are not affiliated with my firm nor do I have any economic interest with them. (Revised 5/00)

7. I am not now nor have I ever been the subject of any bar association disciplinary proceedings, and I further state that I have never been the subject of suspension or disbarment.

Executed at _____, California, on _____, 20 _____.

I declare under penalty of perjury that the foregoing is true and correct.

(Signature)

Application forms for all other panels are available at the **LRIS** office,
1333 Seventh Avenue, San Diego, California, 92101. Telephone (619) 231-8585.