

## AMERICAN ASSOCIATION FOR JUSTICE BAD FAITH INSURANCE LITIGATION GROUP

#### MEMBERSHIP APPLICATION

(Membership limited to AAJ Regular, Sustaining, President's Club & Life members. If you are not a member of the American Association for Justice (AAJ), please also complete Section C at the end of this application.)

Annual Membership Dues: \$100			
Name:			
Name of Firm:			
Office Phone Number:			
E-mail Address:			
AAJ ID#:			
This must be included in your application. If	f you do not know your number, call AAJ at 2	202.965.3500 or 800.424.272	.5, ext. 8611
Year Admitted to Practice:	State Bar #:		
Practice Area:		_	
<b>Type of Membership:</b> □ Regular □ Sustaining	□ President's Club	□ Life	
Please make check payable to Bad Faith Inscheck to:	urance Litigation Group. Send completed app	olication, affidavit, questionna	aire, and
Kelly Kubiak			
Merlin Law Group			
777 S. Harbour Island Blvd, Suite 950			
Tampa, FL 33602			

If we need to contact you to service your membership record or to provide you with information about member products and services and advocacy and legislative updates, we will honor your contact preferences. By providing your contact information, including phone number, fax number, and email address, you consent and give permission for AAJ to contact you by any of those means, which may include calls to your mobile phone, faxes, or emails. You may contact AAJ at any time to change your preferences.



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#### AMERICAN ASSOCIATION FOR JUSTICE

### BAD FAITH INSURANCE LITIGATION GROUP

#### MEMBERSHIP AFFIDAVIT

AFFIDAVIT OF:			
STATE OF:			
COUNTY OF:			
, having first been duly sworn up	on his/her oath, deposes a	and states:	
I am a Regular, Sustaining, Life, or President's Club member in good standing (AAJ).	g with the American Asso	ciation for	r Justice
I do not represent and will not represent, nor does any member of my firm repaction pertaining to insurance bad faith, or allegations of unfair claims settlem		nce comp	any in an
I acknowledge an affirmative obligation as a Litigation Group member to fully documents, and other material, and to report in a timely manner the disposition understanding that failure to meet this obligation may result in the loss of men Litigation Group.	n of any related cases, wit	th the	
I will resist Defendant's request for confidentiality or secrecy orders which proaccess to information, but will abide by such orders when entered.	ohibit sharing information	and/or re	estrict
I will make every reasonable effort to oppose any motion or request by a defer received from the Litigation Group or its members.	ndant to produce documen	ıts and inf	Cormation
I will not disclose information received from the Group to non-members.			
I agree that the information, documents, and materials obtained from the Litige Exchange will not be sold or distributed for profit by the member under any circumstriction does not prohibit reimbursements for costs for copying, mailing, and disseminating information.	rcumstances, provided, h	owever, th	
If any obligation herein conflict with the best interest of my client, then the cli	ent's interest shall be con	sidered pa	aramount.
By joining this Litigation Group and providing my contact information, include permission for AAJ to add me to the corresponding AAJ Litigation Group list and AAJ on the list server.	ling email address, I cons server to receive emails f	ent and gi rom AAJ	ve members
Affiant's Signature			
Before me, the undersigned authority, this day personally appeared		— (Affian	it), who,
after being duly sworn, deposes and says that he/she has read the foregoing Affic	davit, and the same is true	and corre	ect to the
best of his/her knowledge and/or belief.			
The foregoing instrument was acknowledged by the Affiant on this the	day of	, Year _	_, who is
personally known to me or who producedas	identification.		
My Commission Expires:			
Nama: Data:			



# AMERICAN ASSOCIATION FOR JUSTICE BAD FAITH INSURANCE LITIGATION GROUP MEMBERSHIP QUESTIONNAIRE

Please briefly indicate below or on a separate sheet of paper, the number of bad faith actions you have handled in the past

three (3) to five (5) years. With respect to each case, please indicate the caption and case number.
Plaintiff:
Insurance Company:
Venue & Case Number:
Type of Case Code  1. Denial or delay of PIP/No fault (auto)  2. Denial or delay of UIM (auto)  3. Delay in paying 3rd Party Claim (auto)  4. Delay in paying Homeowners  5. Delay in paying Disability  6. Delay in paying Credit Life/Disability Life Insurance  7. Delay in paying Commercial Insurance
Please list the names of experts you have used in litigating your bad faith claims who you found to be useful experts.
Name:
Address:
Phone & Fax:
Type:
Name:
Address:
Phone & Fax:
Type:
Name:
Address:
Phone & Fax:
Type:
Name:
Address:
Phone & Fax:
Trusca

Please list any experts that the defense has used:
Name:
Address:
Phone & Fax:
Туре:
Name:
Address:
Phone & Fax:
Туре:
Name:
Address:
Phone & Fax:
Туре:
Name:
Address:
Phone & Fax:
Type:
Please give a description of any claims manuals or claims procedures manuals received from any of the defendant insurance carriers. If a claims manual was obtained, please state if same is still in your possession.
Please give the case style and jurisdiction of any verdicts or settlements known against insurance companies for bad faith.



### AMERICAN ASSOCIATION FOR JUSTICE MEMBERSHIP FORM

#### Section C: To be completed if not a current member of the American Association for Justice (AAJ).

I. AAJ Affiliati	ion Requirements	
☐ Plaintiff (in	e most part, based on case load and time, repricivil cases and/or the defendant in criminal civil cases)—Associate Member (Not eligible)	cases)—Regular Member
* *	he concept of a fair trial, the adversary system	fending the principles of the United States Constitution, and am n, and a just result for the injured, the accused, and those whose rights
Signature:		Date:
REGULAR AI  Attorney in  Attorney in  Attorney in	s and Payments  ND ASSOCIATE MEMBER: practice less than one year	☐ Attorney in practice less than 20 years\$450 ☐ Attorney in practice less than 25 years\$550 ☐ Attorney in practice 25 years or more\$610  bership to the Litigation Group,
	see Section A.	
_	•	terCard □ VISA □ American Express □ Discover Card
Name on Card:		
Card #:		Exp. Date:
Signature:		

\*DUES COVER 12 MONTHS OF MEMBERSHIP AND INCLUDE A ONE-YEAR MEMBER SUBSCRIPTION OF TRIAL MAGAZINE (\$45). MEMBERSHIP DUES PAID TO THE AMERICAN ASSOCIATION FOR JUSTICE (AAJ) ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR INCOME TAX PURPOSES. HOWEVER, DUES MAY BE TAX DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS DUES AND EXPENSES SUBJECT TO RESTRICTIONS IMPOSED AS A RESULT OF AAJ'S LOBBYING ACTIVITIES. AAJ ESTIMATES THAT THE PORTION OF DUES AND OTHER SIMILAR AMOUNTS THAT IT EXPECTS TO RECEIVE THAT ARE ALLOCABLE TO AAJ'S LOBBYING EXPENDITURES IS 37 PERCENT. ACCORDINGLY, CURRENTLY 63 PERCENT OF YOUR DUES AND CONTRIBUTIONS TO AAJ MAY BE DEDUCTED AS ORDINARY AND NECESSARY BUSINESS EXPENSES. PLEASE CONSULT YOUR TAX ADVISOR TO CONFIRM.

IF WE NEED TO CONTACT YOU TO SERVICE YOUR MEMBERSHIP RECORD OR TO PROVIDE YOU WITH INFORMATION ABOUT YOUR MEMBERSHIP, PRODUCTS AND SERVICES AND ADVOCACY AND LEGISLATIVE UPDATES, WE WILL HONOR YOUR CONTACT PREFERENCES. BY PROVIDING YOUR PREFERRED CONTACT PREFERENCES, INCLUDING PHONE NUMBER, FAX NUMBER, AND EMAIL ADDRESS, YOU CONSENT AND GIVE PERMISSION FOR AAJ TO CONTACT YOU BY ANY OF THOSE MEANS, WHICH MAY INCLUDE CALLS TO YOUR MOBILE PHONE, FAXES, OR EMAILS. YOU MAY CONTACT AAJ BY EMAIL AT MEMBERSHIP@JUSTICE.ORG OR BY PHONE AT 800-424-2727 OR 202-965-3500, EXT. 8611 AT ANY TIME TO CHANGE YOUR PREFERENCES.