



TEXAS LAWYERS' INSURANCE EXCHANGE
APPLICATION TO RENEW ATTORNEYS' CLAIMS MADE
PROFESSIONAL LIABILITY INSURANCE POLICY

Note: Please Complete and Return in Prepaid Envelope

In Austin: (512) 480-9074
Texas Toll-Free: (800) 252-9332
FAX: (512) 482-8738
Street Address:
900 Congress Avenue
Suite 500
Austin, Texas 78701
Mailing Address:
P.O. Box 13325
Austin, Texas 78711
Website: www.tlie.org
Email: info@tlie.org

APP-R2-11/08

Name of Applicant: _____

Who should we contact first if we have a question about your application? _____

Taxpayer ID#: _____ Phone: (____) _____ FAX: (____) _____

Email Address: _____ Website Address: _____

1. Please review and correct the **Renewal Application Information Supplement form** reflecting the information we have about your firm. PLEASE MAKE CERTAIN ANY NEW ATTORNEYS OR NEW "OF COUNSELS" HAVE BEEN LISTED.
2. **ATTACH A COPY OF THE APPLICANT'S LETTERHEAD.** If new letterhead is not yet available, please attach a typed version of your anticipated letterhead.
3. **SINCE THE LAST APPLICATION**, have 75% or more of the attorneys with your firm completed a TLIE-sponsored seminar?
 Yes No Please send a copy of any documentation confirming that you took the course. This can include a copy of your bar MCLE statement (which is available online at texasbar.com on the MyBarPage tab at the top of the page).
4. **SINCE THE LAST APPLICATION**, has any attorney who was or is a member of the firm served as a director or officer of a financial institution or provided legal services to any financial institution?
 Yes No **If yes, complete a Supplemental Financial Institution Information Form for each institution for whom you have served as a director or officer or for whom you have provided legal services since your last application.**
5. **SINCE THE LAST APPLICATION**, has the Applicant participated in or owned an interest in a joint venture or subsidiary to provide specialized services to one or more clients that has not been previously reported to TLIE?
 Yes No **If yes you have an ownership interest, complete an Equity Interest Supplement form.**
If you have a joint venture, please also provide details on a separate sheet including the following information: the purpose of the joint venture, the firm/attorneys with whom you joint venture, the expected duration of the joint venture and whether the other parties maintain professional liability insurance. Note: Mere referral arrangements are not the intent of this question. How much time, expressed as a percentage of total firm time, is devoted to this activity? _____
6. **SINCE THE LAST APPLICATION**, has the Applicant or any firm member represented any client(s) in which firm members have an equity interest or for whom a firm member is an officer, director or employee, and which has not been previously reported to TLIE?
 Yes No **If yes, complete an Equity Interest Supplement form.**
7. **SINCE THE LAST APPLICATION**, has any firm member performed legal services as an employee of a governmental body, a company, or for any entity other than the Applicant?
 Yes No **If yes, provide the details of such employment on a separate sheet.**
8. **SINCE THE LAST APPLICATION**, has the firm changed its organizational structure?
 Yes No **If yes, check the applicable organizational form.**
 Individual L.L.P. Partnership P.L.L.C. P.C. Joint Venture Other (specify) _____
9. **SINCE THE LAST APPLICATION**, has any firm member acted as an investment manager or advisor for any client or had discretionary authority over the funds of a client?
 Yes No **If yes, provide details on a separate sheet.**
10. **SINCE THE LAST APPLICATION** has there been any change in the firm's policies and procedures as they apply to:
 - a. Scheduling of work, deadlines and appointments.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**

- b. Utilization of engagement, non-engagement or disengagement letters.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- c. Avoidance of conflicts of interest.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**
- d. Filing suits against clients for fees.
 Yes No **If yes, attach an explanation of the revised policy or procedure.**

During the past 12 months has the firm filed any suits against clients for fees?

Yes No **If yes, how many suits have been filed?** _____

11. **SINCE THE LAST APPLICATION** has there been a change in any "Of Counsel" relationships?

Yes No **If yes, attach an explanation of that change including the addition or deletion of attorneys who act as "Of Counsel" to your firm or the addition or deletion of firms for whom a firm member serves as "Of Counsel." Be sure to include the "Of Counsels" on the Renewal Information sheet and complete the Supplemental Of Counsel Information form.**

12. INSURANCE LIMITS OF LIABILITY AND DEDUCTIBLES

TLIE offers the following policies: PLEASE NOTE THAT TLIE RESERVES THE RIGHT TO RESTRICT THE AVAILABILITY OF LIMITS OF LIABILITY AND DEDUCTIBLES DEPENDING UPON FIRM SIZE, PRACTICE AREA, CLAIMS EXPERIENCE, YEARS IN PRACTICE AND FIRM FINANCIAL STATUS. DEDUCTIBLES IN EXCESS OF \$10,000 MAY REQUIRE THE SUBMISSION OF AN ACCEPTABLE FINANCIAL STATEMENT. PLEASE CHECK ALL LIMITS AND DEDUCTIBLES FOR WHICH A QUOTE IS DESIRED.

| Regular Policy | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|-----------|--------------------------|------|--------------------------|-----------|--------------------------|------|--------------------------|------------|--------------------------|
| <u>Limits of Liability</u> | | <u>Deductible</u> | | | | | | | | | | | | | | | | | | | | | | | |
| \$ Per Claim/Aggregate | | \$ Per Policy Year | | | | | | | | | | | | | | | | | | | | | | | |
| 100,000/100,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 100,000/300,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 200,000/600,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 500,000/500,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | | | | | | | | | | | | |
| 500,000/1,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | | | | | | | | | | |
| 1,000,000/1,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | | | | | | | | | | |
| 2,000,000/2,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | | | | | | |
| 3,000,000/3,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | | | | | | |
| 4,000,000/4,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | 250K/750K | <input type="checkbox"/> | 500K | <input type="checkbox"/> | | |
| 5,000,000/5,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | 250K/750K | <input type="checkbox"/> | 500K | <input type="checkbox"/> | 500K/1,000 | <input type="checkbox"/> |
| 5,000,000/10,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | 250K/750K | <input type="checkbox"/> | 500K | <input type="checkbox"/> | 500K/1,000 | <input type="checkbox"/> |
| 10,000,000/10,000,000 | <input type="checkbox"/> | 1K | <input type="checkbox"/> | 3K | <input type="checkbox"/> | 5K | <input type="checkbox"/> | 10K | <input type="checkbox"/> | 25K | <input type="checkbox"/> | 50K | <input type="checkbox"/> | 100K | <input type="checkbox"/> | 100K/300K | <input type="checkbox"/> | 250K | <input type="checkbox"/> | 250K/750K | <input type="checkbox"/> | 500K | <input type="checkbox"/> | 500K/1,000 | <input type="checkbox"/> |
| <input type="checkbox"/> Other Limits (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

| Basic Policy | | | New Attorney Basic Policy* | | | Part-Time Basic Policy* | | |
|----------------------------|--------------------------|--------------------|---|--------------------------|--------------------|---|--------------------------|--------------------|
| <u>Limits of Liability</u> | | <u>Deductible</u> | <u>Limits of Liability</u> | | <u>Deductible</u> | <u>Limits of Liability</u> | | <u>Deductible</u> |
| \$ Per Claim/Aggregate | | \$ Per Policy Year | \$ Per Claim/Aggregate | | \$ Per Policy Year | \$ Per Claim/Aggregate | | \$ Per Policy Year |
| 100,000/300,000 | <input type="checkbox"/> | 1K | 100,000/300,000 | <input type="checkbox"/> | 1K | 100,000/300,000 | <input type="checkbox"/> | 1K |
| 200,000/600,000 | <input type="checkbox"/> | 1K | *You must have been practicing for less than four years to potentially qualify for this option. | | | *You must have completed Question 15 to potentially qualify for this option | | |
| 500,000/500,000 | <input type="checkbox"/> | 1K | | | | | | |
| 1,000,000/1,000,000 | <input type="checkbox"/> | 1K | | | | | | |

| Contract Attorney Basic Policy | | | Referral Service Only Basic Policy* | | | Name of Referral Service: _____ |
|--|--------------------------|--------------------|---|--------------------------|--------------------|------------------------------------|
| <u>Limits of Liability</u> | | <u>Deductible</u> | <u>Limits of Liability</u> | | <u>Deductible</u> | |
| \$ Per Claim/Aggregate | | \$ Per Policy Year | \$ Per Claim/Aggregate | | \$ Per Policy Year | |
| 100,000/300,000 | <input type="checkbox"/> | 1K | 100,000/300,000 | <input type="checkbox"/> | 1K | |
| *You must have completed Question 16 to potentially qualify for this option. | | | *Only certain referral services qualify for coverage. | | | |

13. **SINCE THE LAST APPLICATION**, has the Applicant begun any office sharing arrangement not previously reported to TLIE?

Yes No **If yes, please list the attorneys involved and their bar card numbers on a separate sheet.**

14. **SINCE THE LAST APPLICATION** has the Applicant or any firm member become a(n):

- Yes No **Licensed escrow officer for a title company?**
- Yes No **Fee attorney?**
- Yes No **Outside closing attorney, approved attorney or P-22 attorney?**
- Yes No **Non-attorney licensed escrow officer?**

How many non-attorney licensed escrow officers are currently employed by the Applicant? _____

Please provide a copy of any agreements with title companies.

15. If you are a solo attorney currently averaging 24 hours or less per week in actual practice, you may qualify for the Part-Time Basic Policy. Please provide the following information regarding your hours worked:

| Current Avg Hours per Week | Last Year Avg Hours per Week | Two Years Ago Avg Hours per Week | Three Years Ago Avg Hours per Week | Four Years Ago Avg Hours per week |
|-------------------------------|---------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| | | | | |

16. If you are a solo attorney currently working at least 75% of the time as a contract attorney for another law firm, please complete the following: Is your entire practice currently only as a contract attorney?

- Yes No **If yes, please provide the name of that firm** _____

Of the past four years, how many have you spent working at least 75% of the time as a contract attorney? _____

INSURANCE AND LIABILITY HISTORY

ALL REPRESENTATIONS IN THIS APPLICATION ARE MADE ON BEHALF OF THE APPLICANT, ALL FIRM MEMBERS AND NON-ATTORNEY EMPLOYEES. THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY THE PERSON SIGNING THE APPLICATION ONLY IF RECENT INQUIRY HAS BEEN MADE TO FIRM MEMBERS AND NON-ATTORNEYS EMPLOYED BY THE APPLICANT ABOUT THEIR KNOWLEDGE OF ANSWERS TO THE QUESTIONS. BOTH FIRM MEMBERS AND EMPLOYEES (INCLUDING NON-ATTORNEYS) OF THE APPLICANT MUST SUPPLEMENT THE ANSWERS TO THESE QUESTIONS AS CIRCUMSTANCES CHANGE UNTIL ISSUANCE OF A POLICY.

17. Has the Applicant or any firm member ever had professional liability insurance cancelled, declined or not renewed?

- Yes No **Check here if previously reported to TLIE.**

If not previously reported to TLIE, attach full details on a separate sheet.

18. Has the Applicant or any firm member ever been the subject of a professional liability claim?

- Yes No **Check here if all claims have been previously reported to TLIE.**

If yes, for any matters not previously reported to TLIE, attach Supplemental Claim Information forms.

19. Does any firm member or employee (including non-attorneys) of the Applicant know, have reason to know, or have any basis to believe that a circumstance, act, error or omission might reasonably be expected to be the basis for a professional liability claim against the Applicant or any attorney listed on the Renewal Application Information Supplement?

- Yes No **Check here if all such matters have previously been reported to TLIE.**

For any matters not previously reported to TLIE, attach Supplemental Claim Information forms. Any such matters will not be covered under a subsequent policy.

20. Has any firm member had a grievance filed against him or her in the past five years?

- Yes No **Check here if all grievances have been previously reported to TLIE.**

For any matters not previously reported to TLIE or in which the status of the grievance has changed since the previous application, attach a copy of the grievance or a description of the grievance and the status or outcome.

21. Has any firm member ever voluntarily accepted discipline or been refused admission to the bar, reprimanded (privately or publicly), suspended from the practice of law, disbarred, received a probationary license or otherwise disciplined by any disciplinary or licensing authority?

- Yes No **Check here if all discipline has been previously reported to TLIE.**

For any discipline or probationary license not previously reported to TLIE, attach full details on a separate sheet.

NOTE: Before Signing this Application, Please Check to be Sure that All Questions are Completely Answered, Appropriate Supplements are Completed and You Have Attached a Copy of Your Firm’s Letterhead.

WARRANTY

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby warrant and declare that the foregoing statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the Association; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Association, said

representations being deemed continuous, of any change in facts occurring prior to issuance of insurance pursuant hereto.

On behalf of the Applicant(s) and all firm members and employees of the Applicant(s), I/we hereby authorize release to the Association or its authorized representative, by any State Bar Association, my/our present and prior professional liability insurance carriers, or any other sources, any claims, underwriting, or other information having a bearing upon my/our acceptability as a professional liability insurance risk.

It is understood that this is an application for insurance and not an insurance binder. **CAUTION:** *Any misstatements made in this application could invalidate any policy issued on the basis of this application.*

Applicant's Name: _____

Date: _____ *Authorized Signature:* _____

Printed Name and Position: _____



SUPP-SC2-11/08

SUPPLEMENTAL CLAIM INFORMATION

Applicant's Instructions:

1. This form is to be completed by Applicant who has been involved in any claim or suit or who is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach a separate sheet.
3. If more than one form is needed, please photocopy this form.
4. Answer all questions COMPLETELY.

(Please Type or Print)

1. Full name of Applicant: _____

2. Full name of individual(s) of firm involved in the claim: _____

3. Full name of Claimant: _____

4. Indicate whether (Circle One): **Potential Claim/Incident** **Claim** **In Suit**

5. Date of alleged error: _____

6. Date of Claim: _____

7. Additional defendants: _____

8. **IF CLOSED:** Indicate whether (Circle One): **Out-of-Court Settlement** **Court Judgment**
 Total Loss Paid including Deductible: \$ _____ Defense Cost Paid: \$ _____

9. **IF PENDING:** Claimant's Settlement Demand: \$ _____
 Defendant's Offer for Settlement: \$ _____
 Insurer's Loss Reserve: \$ _____
 Deductible: \$ _____
 Yes **No** Is Claim in Suit? If yes, amount asked in summons: \$ _____

10. Name of Insurer: _____

11. Description of Claim: (Provide enough information to allow evaluation and use reverse side if additional space is required.)

a. Alleged act, error or omission upon which Claimant bases claim: _____

b. Description of case and events: _____

c. Description of the type and extent of injury or damage allegedly sustained: _____

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Signature of Applicant: _____ Date: _____

Reviewed by (for TLIE Internal Purposes): _____ **(Space for Additional Explanation on Back if Needed)**



SUPP-IP2-11/08

INTELLECTUAL PROPERTY SUPPLEMENT

(Risk Management Procedures on Reverse)

Applicant: _____

AREAS OF PRACTICE

1. What percentage of the Applicant's intellectual property practice is devoted to each of the following areas? Please base your answer on the percentage of time devoted to that area:

- | | |
|--|---|
| <input type="checkbox"/> a. Domestic Patent Prosecution <input type="checkbox"/> b. Foreign Patent Prosecution <input type="checkbox"/> c. Intellectual Property Litigation <input type="checkbox"/> d. Patent Filings and Searches | <input type="checkbox"/> e. Patent Infringement <input type="checkbox"/> f. Trademark/Copyright Registration and Licensing <input type="checkbox"/> g. Entertainment and Sports <input type="checkbox"/> h. Other (describe) _____ |
|--|---|

INDUSTRY AREAS

2. What percentage of the Applicant's intellectual property practice is devoted to the following industry areas? Please base your answer on the percentage of time devoted to that industry area:

- | | |
|---|---|
| <input type="checkbox"/> a. Biomedical/Biotechnical <input type="checkbox"/> b. Chemical <input type="checkbox"/> c. Computer Software <input type="checkbox"/> d. Computer Hardware <input type="checkbox"/> e. Electrical – Other | <input type="checkbox"/> f. Mechanical <input type="checkbox"/> g. Networking/Telecommunications <input type="checkbox"/> h. Pharmaceutical <input type="checkbox"/> i. Other (describe) _____ |
|---|---|

CLIENTS

3. What percentage of the Applicant's intellectual property practice is devoted to the following client types? Please base your answer on the percentage of time devoted to that client type:

- | | |
|---|---|
| <input type="checkbox"/> a. Fortune 500 Companies <input type="checkbox"/> b. Other NYSE Companies <input type="checkbox"/> c. Other NASDAQ Companies | <input type="checkbox"/> d. Other Publicly Traded Companies <input type="checkbox"/> e. Privately Held Companies <input type="checkbox"/> f. Individual Inventors |
|---|---|

4. Please list the three (3) largest (in terms of hours billed) intellectual property clients.

| | Name | Type of Business | Work Performed |
|----|-------|------------------|----------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |

(Risk Management Procedures Continued on Reverse)

FIRM RISK MANAGEMENT PROCEDURES

5. a. **Yes** **No** When accepting responsibility for a patent search, does the Applicant utilize an engagement letter which specifies the nature, scope and limitations of such search?
- b. **Yes** **No** When an engagement is completed, does the Applicant send termination letters?
- c. **Yes** **No** When performing a foreign patent filing, is the client made aware of deadlines and requirements for such filing, including the various payments required?
- d. **Yes** **No** Does the firm use multiple calendars or scheduling systems to record, monitor and comply with filing deadlines and other time limitations in connection with obtaining patents?
- e. **Yes** **No** When providing an opinion regarding the results of a patent search, does the firm qualify the opinion in writing by referencing the nature, scope and limitations of the search conducted?
- f. **Yes** **No** Has the Applicant or any firm member litigated any matters for which it also handled the underlying intellectual property matter?
- g. **Yes** **No** Has the Applicant or any firm member accepted any type of equity interest in a client in lieu of attorney's fees?
If yes, provide a separate addendum including the following information:
(1) What are the circumstances that would permit the Applicant or any firm member to accept an equity interest in lieu of attorney's fees?
(2) What is the approval process to accept an equity interest in lieu of attorney's fees?
- h. Has the Applicant or any firm member provided professional legal services to an intellectual property client in which any firm member or any immediate family member:
- i. **Yes** **No** (1) Serves or served as an officer, director, trustee, employee or partner of such client?
- Yes** **No** (2) Owns or owned an equity or financial interest in such client?
- i. **Yes** **No** Does the Applicant utilize patent agents?
- (1) If yes, how many? _____
- (2) Describe how patent agents are supervised: _____

- j. **Yes** **No** Does the Applicant's conflict of interest system allow for cross-checks between both previous and existing clients with prospective new intellectual property clients?



SUPP-OC2-11/08

SUPPLEMENTAL OF COUNSEL INFORMATION

Applicant's Instructions:

1. COMPLETE ONE FORM FOR EACH OF COUNSEL
2. If space is insufficient to answer any questions fully, use reverse side of this page or attach a separate sheet.
3. If more than one form is needed, please photocopy this form.
4. Answer all questions COMPLETELY.

(Please Type or Print)

1. Who is the person acting "Of Counsel" to your firm? (If there is more than one person acting in such a capacity, please fill out a separate form for each.)

| Attorney's Name | Year Attorney became "Of Counsel" | Bar Card Number |
|-----------------|-----------------------------------|-----------------|
| | | |

2. How many hours per week does the person acting "of Counsel" work for your firm? _____
3. In the past 12 months, how many hours did the person acting "Of Counsel" bill on behalf of your firm? _____

Answer Question #4 only if the "Of Counsel has been acting in that capacity for less than 12 months.

4. If the person acting "Of Counsel" to your firm has been acting in that capacity for less than 12 months, how many hours do you estimate the "Of Counsel" will bill on behalf of your firm during their first year as "of Counsel"? _____
5. Yes No Does the person acting "Of Counsel" to your firm also practice independently from your firm?

If your answer to question #5 was "No," proceed to question #7.

6. **If Your answer to question #5 was "Yes," please advise:** Where does the person acting "Of Counsel" practice independently from your firm? Please provide the name and address of that firm.

7. Yes No Does the person acting "Of Counsel" to your firm carry any professional liability insurance?

If your answer to question #7 was "No," proceed to question #9.

8. If your answer to question #7 was "Yes," please advise:
 - a. With which company does the "Of Counsel" carry their own insurance? _____
 - b. What are the effective dates of that policy? _____
 - c. What are the limits of liability of that policy? _____

Answer questions #9-11 with regard to the "Of Counsel" work on behalf of your firm:

9. Yes No Does the person acting "Of Counsel" to your firm appear in court?
10. Yes No Does the person acting "Of Counsel" to your firm sign pleadings?
11. Yes No Does the person acting "Of Counsel" to your firm have direct contact with clients?

(Space for Additional Explanation on Back if Needed)

SECURITIES SUPPLEMENT

Risk Management Procedures

1. **Yes** **No** Does the Applicant or any firm member conduct what is commonly referred to as a “due diligence investigation” when representing clients as to the offering or sale of securities?
2. **Yes** **No** During the past five (5) years has the Applicant been involved in or have knowledge of any facts that would indicate that the Applicant or any firm member may be included in an investigation or administrative action by the SEC or any state securities regulator or authority?

If yes, provide details on a separate addendum.
3. **Yes** **No** Has the Applicant or any firm member prepared any portion of a prospectus, offering memorandum or disclosure statement (including a tax opinion) which is required by law in connection with the issuance, sale or transfer of a security?
4. **Yes** **No** Has the Applicant or any firm member had any involvement in the direct sale to an individual purchaser of any security for which a prospectus, offering memorandum or disclosure statement is required by law?
5. **Yes** **No** Has the Applicant or any firm member accepted any type of equity interest in a securities client in lieu of attorney’s fees?

If yes, provide a separate addendum including the following information:
 - a. What are the circumstances that would permit the Applicant or any firm member to accept an equity interest in lieu of attorney’s fees?
 - b. What is the approval process to accept an equity interest in lieu of attorney’s fees?
6. Has the Applicant or any firm member provided professional legal services to securities clients in which any firm member or any immediate family member:
 - a. **Yes** **No** Serves or served as an officer, director, trustee, employee or partner of such client?
 - b. **Yes** **No** Owns or owned an equity interest or financial interest in such client?

SUPPLEMENTAL FINANCIAL INSTITUTION INFORMATION

(Please make copies for additional financial institutions)

Institution _____

Location _____

Has any firm member served as an officer or director? Yes () No () If yes, please give name(s) and dates.

Has any firm member served on a loan or investment committee? Yes () No () If yes, please give name(s) and dates.

Has any firm member had an ownership interest? Yes () No () If yes, please give name(s) and percent owned.

Legal Representation

Please give the names of all firm members who have provided legal services and the dates or period of time over which such services were provided:

Please indicate the types of legal services that have been provided:

Real Estate:

- | | |
|--|---|
| <input type="checkbox"/> Original Loan Documentation | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Workouts | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Transactions involving the sale or transfer of delinquent or non-performing loans, loans on a watch list, or loans for acquisition, development and construction to another financial institution | <input type="checkbox"/> Regulatory Compliance |
| <input type="checkbox"/> Other Real Estate (<i>describe</i>) | <input type="checkbox"/> Other Legal Services (<i>describe</i>) |

Institution _____

Location _____

Has any firm member served as an officer or director? Yes () No () If yes, please give name(s) and dates.

Has any firm member served on a loan or investment committee? Yes () No () If yes, please give name(s) and dates.

Has any firm member had an ownership interest? Yes () No () If yes, please give name(s) and percent owned.

Legal Representation

Please give the names of all firm members who have provided legal services and the dates or period of time over which such services were provided:

Please indicate the types of legal services that have been provided:

Real Estate:

- | | |
|--|---|
| <input type="checkbox"/> Original Loan Documentation | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Workouts | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Transactions involving the sale or transfer of delinquent or non-performing loans, loans on a watch list, or loans for acquisition, development and construction to another financial institution | <input type="checkbox"/> Regulatory Compliance |
| <input type="checkbox"/> Other Real Estate (<i>describe</i>) | <input type="checkbox"/> Other Legal Services (<i>describe</i>) |

I understand information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

Signature of Applicant _____ Date _____