

BOND SUPPLEMENTAL APPLICATION – Federal, State, or Municipal

Name of Firm: _____

1. In the past five years, has the applicant provided legal services in connection with the offer and sale of securities in any transaction involving a security that was intended to be exempted under one or more of the following provisions of Section 3 (a) of the 1933 Act:

(a) Section 3 (a) (2) as it relates to any bond/security issued or guaranteed by a bank? Yes No

(b) Section 3 (a) (2) as it relates to any bond/security issued by the U.S. or any state or political subdivision or public instrumentality of the U.S. or any state? Yes No

(c) Section 3 (a) (5) as it relates to any bond/security issued by a Savings and Loan institution? Yes No

Please complete the schedule below for bonds/securities addressed in 2(a) or 2(c) above:

Name of Institution	Location	Nature of Legal Service Provided	Date(s) of Service

2. (a) Has the applicant provided legal services in connection with the offer and sale of private placement bonds? Yes No

(b) If Yes, to 3(a) above, were disclosure documents used in connection with all private placement bonds with an aggregate of \$1 00,000 or more? Yes No

(c) If No, to 3(a) above, were investigators required to execute a certificate to the issuer that they received access to all information they requested and that they desired no further information? Yes No

3. In the past 5 years, what is the approximate number of bond issues for which the applicant firm has provided legal services? _____ Approximate number in last 48 months? _____

For your convenience, the following form(s) has been created in a "fillable" pdf format. When using the **full copy** of Adobe Acrobat Versions 4.0 or higher you will be able to complete the form and send via [e-mail to one of our representatives](#). If you are using the Acrobat Reader you will be able to complete the form and print it and fax it back to us @ (973) 669-2399. Please remember that we require a copy of **all** signature pages be signed and faxed and/or mailed to our office. Call us toll free with any questions at 877-396-3501.

11. Personnel / Experience

(a) Please complete the schedule below for all lawyers who participate in the

Bond practice of the applicant firm:

Lawyer Name	# of Years Bond Experience	Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months

(b) Please complete the schedule below for all lawyers responsible for reviewing the tax implications of each issue:

Lawyer Name	Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Member of Applicant Firm? Yes/No	E & O Coverage? Yes/No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commit a fraudulent insurance act.

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

Signature of Owner, Partner, or Officer

Title

Date