



**APPLICATION
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
THIS IS A CLAIMS-MADE POLICY**

	() -
Firm Name	Business Phone (Included Area Code)
	() -
Principal Business Address (INCLUDING COUNTY) - Street Address Only - No P.O. Boxes	Fax Number
Principal Business Address (Continued)	Effective Date Requested
City State Zip County	Month / Year Firm Established
(Please list any secondary or foreign location on a separate sheet)	Form of Business:
	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership
	<input type="checkbox"/> Professional Assn. <input type="checkbox"/> Corporation
	<input type="checkbox"/> Limited Liability Partnership / Corp <input type="checkbox"/> Other

COVERAGE SELECTION:

Limits Desired-

- | | |
|---|--|
| <input type="checkbox"/> \$ 100,000/\$300,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 |
| <input type="checkbox"/> \$ 200,000/\$600,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$ 500,000/\$1,500,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$ 750,000/\$1,500,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$ _____ / _____ | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
- Higher limits are available to qualifying firms.

Per Claim Deductibles Desired-

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$4,000 |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$ 3,000 | <input type="checkbox"/> \$ _____ |
- Higher deductibles are available to qualifying firms.

Aggregate Deductible Desired:

- \$ _____ Per Claim/ _____ Aggregate Available to qualifying firms.

FIRM CHANGES

1. (a) Has applicant's firm name changed in the past five (5) years? Yes No

If "yes", please provide the following information in chronological order:

Predecessor Firm Name	# of partners, officers owners of predecessor at date of dissolution	# of partners, officers, owners of predecessor who joined successor	% of billings assigned successor
			%
			%
			%
			%
			%

(b) Over the past 5 years, has there been a change in the firm's operations such as a merger, the opening or closing of a branch office or the addition or deletion of 25% or more of the lawyers in the firm? If yes, explain by attachment. Yes No

Is a merger, name change, or organizational change pending? If yes, explain by attachment. Yes No

STAFFING

3. (a) Please complete the Insured Supplement for Lawyers Professional Liability Insurance and attach a sample of your letterhead.

Total Number of Lawyers

(b) Does any lawyer named in Question (a) above have any other law partner, associate, of counsel employed lawyer or office sharing arrangement other than those named in Questions 1 ? If your response is yes, and the other law partner, etc. appears on your letterhead but no in Question 1, complete the following:

Yes No

Type of Practice	Insurance Company	Policy Number	Nature of Association with your firm

(c) Provide the number of employees and/or support staff utilized: (There is no additional charge for nonlegal staff.)

Law Clerks	Investigators	Abstracters	Accountants	Paralegal Personnel	Clerical Staff/Secretary	None

(d) If you are a sole practitioner, please provide the name of the attorney(s) who would be responsible for your affairs if you were absent for an extended period of time (i.e., vacation, illness, etc.).

Name: _____
 Address (City, State Zip): _____
 Telephone Number: () - _____

AREA OF PRACTICE

4. Indicate the percentage of gross billable dollars for the last fiscal year, from activities devoted to the following areas of practice. If this is a newly established firm, please provide estimates.

Type of Practice	Prev. %	New %	Type of Practice	Prev. %	New %
Administrative Law			Juvenile / Guardian Ad Litem		
Admiralty / Maritime			Labor Relations		
Arbitration / Mediation			Landlord / Tenant		
Banking / Financial Institution			Litigation		
Complete the Corresponding Supplement			General Commercial - Defense		
Bankruptcy			General Commercial - Plaintiff		
Bonds: Federal, State or Municipal			Bodily Injury / Personal Injury - Defense		
Complete the Corresponding Supplement			Bodily Injury / Personal Injury - Plaintiff		
Business / Corporate			Insurance Defense		
Collections			Workers Compensation - Defense		
Copyrights / Patents / Trademarks			Workers Compensation - Plaintiff		
Corporate Formation / Alteration			Municipal Law - Do not include bond work		
Criminal			Oil & Gas		
Discrimination / Harassment			Product Liability		
Domestic / Family Law			Public Liability		
Entertainment			Real Estate		
Complete the Corresponding Supplement			Securities Law - State or Federal		
Environmental			securities both exempt and registered. Include syndication, limited partnerships, prospectus, private placements, corporate bonds, etc.		
Complete the Corresponding Supplement			Complete the Corresponding Supplement		
ERISA / Employee Benefits			Social Security		
Estate Planning / Probate / Trusts / Wills			Taxation		
Immigration			Tax Options		
International Law			Other - If greater than 5% provide details		
Investment Counseling / Money Management					
Complete the Corresponding Supplement			TOTAL MUST EQUAL 100%	%	%

(b) Does any member of the firm provide professional services as an accountant? If yes, complete the following: Yes No

Type of Practice	Percent of Practice	Insurance Carrier	Expiration (Mo.-Day-Yr)
	_____ %		
	_____ %		

(c) In the past 5 years, has any member of the firm practiced law in the capacity of prosecuting attorney, public defender, municipal counsel, state counsel, or in-house counsel? If yes, complete the following: Yes No

Name of Attorney	Entity	Services Provided	Firm's Percent of Practice	Insurance Carrier	Expiration (Mo.-Day-Yr)
			_____ %		
			_____ %		

5. How many suits for collection of your legal fees were filed during the past fiscal year? # _____

RISK MANAGEMENT

6. (a) Does your firm's calendar control system include the following: (Please check all applicable categories)
 Single Calendar Yes No Dual Calendar Yes No Tickler Cards Yes No
 Computer Yes No Master Listing Yes No Other (describe) _____

(b) Are at least 2 individuals involved in maintaining the calendar control system? Yes No

(c) Please indicate how frequently time deadlines are cross-checked:
 Daily Weekly Monthly Other (describe) _____

(d) Does the ultimate responsibility for the Calendar Control of a matter rest with the lawyer handling the matter? Yes No

7. (a) Does your firm require the use of engagement letters including fee agreements on all new matters undertaken by the firm? Yes No

(b) Are declination or non-engagement letters issued on all matters declined by your firm? Yes No

8. (a) How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
 Computer Index File Conflict Committee Other (describe by attachment) _____

(b) How often is the conflict of interest system updated?
 Daily Weekly Monthly Other (describe) _____

(c) Does the firm's conflict of interest avoidance system disclose attorney-client relationships established by newly hired lawyers, partners, predecessor, merged or acquired firms? Yes No

(d) Are business ventures permitted with clients of the firm? Yes No

(e) If any lawyer of the firm becomes aware of a conflict of interest, do they disclose it in writing to all parties involved and all partners? If no, explain by attachment. Yes No

(f) In the past 5 years, has any current or past lawyer of the firm served or is currently serving as a director, officer, partner or employee of any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.** Yes No

(g) Has any current or past lawyer of the firm had, or currently have, any equity interest in any past or present CLIENT? **IF YES, COMPLETE OUTSIDE INTEREST SUPPLEMENTAL APPLICATION.** Yes No

9. Has any current or past lawyer of the firm provided any professional services, acted as director, or serve on an internal committee of a financial institution (defined as savings and loan, bank credit union, savings association, building and loan association or any other banking institution, holding company or affiliate thereof) within the past 5 years? Yes No

If "yes", please complete the attached **Financial Institutions Supplement.**

10. Has any current or past lawyer of the firm performed any legal services in connection with the offer and sale of securities within the past 5 years? Yes No

If "yes", please complete the attached SEC Supplement.

11. (a) Has any current or past lawyer of the firm performed any federal, state or municipal bond engagements within the past 5 years? Yes No
- (b) In the past 5 years, has any member of the firm provided any legal services in connection with the offer and sale of bonds issued by the United States or any State Municipality, political subdivision, or public instrumentally of the U.S., state, or any municipality? Yes No

If "yes" to b. above, please complete the attached **Bond Supplement**.

12. (a) Does the firm delegate, sub-contract and/or have any split fee arrangements? Yes No
- (b) If yes, what percentage of your total revenue is derived from these arrangements? _____ %
- (c) Are the firms associated with these arrangements insured? Yes No

13. Does the firm receive more than 25% of its gross billings from a single client? Yes No

If yes, please provide the name of the client, industry, percentage or gross billings and services provided on a separate sheet.

CLAIMS AND DISCIPLINARY ACTION

Has any current or past lawyer of the firm listed on the **Insured Supplement**:

14. (a) Had his/her legal license or authority to practice law revoked? Yes No
- (b) Been subject to disciplinary action by any state or local bar or ABA? Yes No
- (c) Been subject to any fine, reprimand or criminal penalty related to performance of professional services? Yes No
- (d) Has applicant firm, predecessor in business or lawyer had their lawyers professional liability insurance denied, canceled or non-renewed (other than due to loss of market)? Yes No

If "yes" to any of the above, please explain below, including the date and outcome.

15. (a) Have any claims or suits been brought against any listed on the **Insured Supplement**, a predecessor of the firm or any current or past partner, office, owner or employed lawyer thereof during the past 5 years? Yes No
- (b) Having inquired of all partners, officer, owners and employed lawyers, are there any circumstances which may result in a claim being made against the firm, its predecessors or any current or past partner, officer, owner or employed lawyer of the firm? Yes No

If "yes" to 15 (a) or (b), please complete the attached **Supplemental Claim Form** for each claim or circumstances which could give rise to a claim.

PRIOR INSURANCE

16. (a) Was lawyers professional liability carried by you, your firm or previous firms during the past FIVE (5) years? If yes, list by year.

Inception (Mo/Day/Yr)	Expiration (Mo/Day/Yr)	Insurance Company	Premium	Limits	Deductible	Per Claim or Aggregate Deductible

- (b) Has the firm or any lawyer listed on the **Insured Supplement** purchased an endorsement to extend the claims reporting period? (i.e., tail, extending reporting endorsement, ERP, etc.) Yes No
 (if yes, complete the following:

Lawyer/Firm who purchased: _____

Effective Date of endorsements: _____ Length of reporting period: _____ months.

(c) Does your current policy, or any individual lawyer in the firm, have a prior acts exclusion? Yes No
 (Please provide a copy to ensure proper rating.)

Firm/Lawyer _____ Mo/Day/Yr _____
 Effective Date of *Exclusion*

Attach a separate sheet, if necessary.

(d) Does your current policy, or any individual lawyer in the firm have any restrictive endorsements? Yes No

If "yes", please provide a copy of any restrictive endorsements.

17. CONTINUING LEGAL EDUCATION

What is the total number of hours of continuing legal education within the past 12 months for all lawyers listed on the **Insured Supplement**?

Notice to Applicant - Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in the facts and statements above, and in each supplemental application, of which applicant becomes aware after signing the application.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by a Company lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Company, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person filling an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. Application must be signed and dated to be considered for quotation.

Applicant Signature **(Must be signed and dated in ink by an Owner, Partner or Officer)**

Print or Type Name and Title

Date (Mo-Day-Yr)

NOTICE:

Failure to report:

1. Any claim made against you during your current policy term, or
2. Any facts, circumstances or events which may give rise to a claim to your current insurance company **BEFORE** policy expiration may create a lack of coverage

LAWYERS PROFESSIONAL LIABILITY INSURANCE

POLICY HOLDER NOTICE

THIS IS A CLAIMS MADE POLICY

THIS NOTICE CONTAINS IMPORTANT CONSUMER INFORMATION PLEASE READ CAREFULLY

- 1 This policy is written on a claims-made basis
 - 2 **This** policy provides no coverage for claims arising out of incidents occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy;
 - 3 This policy covers only claims actually made against the insured while the policy remains in effect, and all coverage under the policy ceases upon the termination of the policy. Claims may however be reported to the company during the automatic sixty (60) day Extended Reporting Period or any additional Extended Reporting Period purchased by the Insured
 - 4 This policy provides multiple options to the Policyholder to extend the period under which claims may be made and reported to the Company They are:
 - a A one, two three year and unlimited option at 100% 150%, 185% and 285%, respectively of the full annual Premium of this policy.
 - b In the event of death or disability of a Named Insured an unlimited Extended Reporting Period is Provided at no additional cost.
 - c In the event of retirement of a Named Insured an unlimited Extended Reporting Period is provided at a cost of 285% of the full annual premium for this policy; however in the event the retiring Named Insured has been continuously insured by the Company under a Claims Made Policy for seven consecutive years and is at least age 55, for six consecutive years and is at least age 56, or for five consecutive years and is at least age 57, the unlimited Extended Reporting Period is provided at no additional cost
- Be advised that in the event a time limited Extended Reporting Period option is chosen, a claim made and reported to the company after the expiration of the time limited extended reporting period option will not be covered
- 5 During the first several years of the claims made relationship, claims made rates are comparatively lower than occurrence rates Be advised that substantial annual premium increases; independent of overall rates level increases, should be expected if the policy is written at a less than mature rate. This disparity lessens the longer the claims made relationship exists.

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? _____

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

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all partners, officers, owners and employees.

Make sure all questions are answered completely.

1. Full name of Applicant or Insured: _____
2. Full name of Firm which reported claim: _____
3. Full name of claimant: _____
4. Indicate whether: Claim/suit Incident
5. Date of alleged error: _____
6. Date you became aware of alleged error: _____
7. Date it was reported to your insurance carrier: _____
Name of your insurance carrier _____
8. Additional defendants: _____
9. a. IF CLOSED indicated date closed _____ Total amount paid \$ _____
b. Of the total amount paid, how much was paid for legal expenses? \$ _____
10. IF PENDING, PLEASE SEND SUIT PAPERS AND ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand: \$ _____
 - b. Defendant's offer for settlement: \$ _____
 - c. Insurer's loss reserve: \$ _____
(Available by calling your insurance company and/or defense counsel)
 - d. Is claim in suit? Yes No
If yes, amount asked in summons: \$ _____
 - e. Limits of Liability _____ Deductible _____
11. Name of your insurance carrier responding to this claim or incident: _____
12. Was an engagement letter used? Yes No
13. Provide a brief description of the claim, indicating the alleged error, type of engagement and alleged injury.

Signature of Owner, Officer or Partner

Date (month-day-year)

COPYRIGHT PATENT TRADEMARK SUPPLEMENT



PLEASE COMPLETE THE FOLLOWING:

AREAS OF PRACTICE

1. List the areas of your practice based on gross revenue by showing the percentage for each of the following:

- a. Domestic Patent Prosecution %
- b. Foreign Patent Prosecution %
- c. Intellectual Property Litigation %
- d. Patent Filings and Searchings %
- e. Patent Infringement..... %
- f. Trademark/Copyright Registration & Licensing %
- g. Other (Describe) _____ %

2. Please identify the number of a) attorneys and b) patent agents who are representing client interests before the PTO.

- a) attorneys _____
- b) patent agents _____

Recent Experience of the Applicant's Intellectual Property Lawyers

Please complete the schedule below for all lawyers of the applicant who practice Intellectual Property Law. In the third and fourth columns indicate the number of hours the lawyer has billed on Intellectual Property Law matters during the past twenty-four months. Round to the nearest 50 hours.

Lawyer	# of Years IP Experience	IP Practice Billable Hours Most Recent 12 Months	IP Practice Billable Hours Prior 12 Months

INDUSTRY AREAS

3. Industry Areas. Please provide a breakdown of your intellectual property practice by showing the percentages based on gross revenue derived from intellectual property matters within the following industries:

- a. Biotechnical %
- b. Chemical %
- c. Computer %
- d. Electrical %
- e. Industrial %

- f. Mechanical %
- g. Pharmaceutical %
- e. Other (Describe) _____ %

4. Please indicate the percentage (%) of clients in the past year which fell into the following categories:

- Companies with sales exceeding \$50 million _____ %
- Companies with sales exceeding \$25 million _____ %
- Companies with sales of up to \$25 million _____ %
- Partnerships and/or closely held companies _____ %
- Individual Investors _____ %
- OTHER (Please Describe) _____ %

SEARCHES

- 5. a. When undertaking a patent search, do you require the use of an engagement letter which details the nature, scope and limitations of a proposed patent search? Yes No
- b. 1. For foreign patent filings, is the client made aware of the deadlines for these filings and the requirements necessary to complete the filings? Yes No
- 2. Are foreign partners handled by a separate unit? Yes No
- c. 1. Is your responsibility for payment of annuities, maintenance fees or taxes clearly stated in the engagement letter? Yes No
- 2. If the client is responsible for payment of annuities, maintenance fees or taxes, of if authorization is necessary, are notices of required payments sent well in advance of the due date? Yes No
- 3. Is the system for sending such notices computerized? Yes No
- d. Do you maintain a calendar or docketing system to record, monitor and comply with filing deadlines and other time limitations in connection with securing patents? Yes No
- e. Please describe your procedures to ensure that the client is notified of all such deadlines and other time limitations:

- f. To what extent is foreign patent work performed by you?

- g. Do you engage the services of a third party of carry out patent searches? Yes No
If "Yes", indicated how frequently, under what circumstances and whether third party have own insurance or a hold harmless agreement in place.

- h. When rendering an opinion as to the results of a patent search, do you qualify the opinion in writing with reference to the nature, scope and limitations of the search conducted? Yes No

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

 Signature of Owner, Partner or Principal Title Date

ENTERTAINMENT AND INVESTMENT COUNSELING /
MONEY MANAGEMENT
SUPPLEMENTAL APPLICATION

**INTERSTATE
INSURANCE
GROUP**

Name of Firm: _____

1. Provide a brief description of the nature and scope of your representation.

2. List all entertainment and sports clients who are public figures (Attach a supplemental sheet if necessary).

3. Does your firm have the authority to write or sign checks for any of your entertainment, sports or investment clients? If Yes, explain. Yes No

4. Does any member of your firm:

(a) Receive commissions, fees, reciprocity, or revenue for sale, promotion or recommendation of investments or tax shelters? Yes No

(b) Organize, arrange or procure investments, real estate or tax shelters? Yes No

(c) Participate in the management of any investment partnership, limited partnership or other investment venture? Yes No

(d) Make recommendations as to the sale or purchase of specific stocks, bonds or other securities? Yes No

If Yes to any of the above, please provide details below (nature of services, number of clients, types of investments, etc.)

5. Does your firm receive any compensation from lenders for arranging financing? If Yes, explain. Yes No

6. Does your firm have the authority to write or sign checks for any of your entertainment, sports or investment clients? If Yes, explain. Yes No

7. Does your firm or any related or controlled entity represent both a performer and any company with which the performer has an agreement, relationship or contract? Yes No

If Yes, identify the performer and the nature and scope of the contract or relationship between the performer and the company by attachment.

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

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, commits a fraudulent insurance act.

Signature of Owner, Officer, or Partner

Date

ENVIRONMENTAL SUPPLEMENT

1. In the past 5 years, has any current or past lawyer of the firm rendered written opinions to clients on the following:

- A. Land Use, Zoning and Real Property Regulatory matters? Yes No
- B. Compliance with environmental laws? Yes No
- C. Environmental matters? Yes No

11. In the past 5 years, has any current or past lawyer of the applicant firm provided any professional services related to the following:

- A. Potential Superfund liability and liens under Federal law resulting from Superfund liability Yes No
- B. Waste management projects Yes No
- C. Written opinions connected with environmental matters in transactions Yes No
- D. SEC reporting requirements connected with environmental matters Yes No
- E. Potential liability under applicable state environmental law (e.g., State Superfund and Superlien statutes) Yes No
- F. Applicability of relevant state law restricting transfer of property based on environmental matters (e.g., ECRA) Yes No
- G. Environmental compliance audits Yes No
- H. Environmental due diligence audits Yes No

If the answer to any of the above is yes, please explain on your letterhead.

III. A. Does the applicant's legal services in connection with a property transfer or leasing transaction include a procedure to evaluate such things as:

- 1. a. Whether the type of business in question creates, or may in the past have created environmental problems? Yes No
- b. If "yes," in writing? Yes No
- 2. a. Whether any real or personal property owned or leased now or in the past, or property to be acquired is likely to be contaminated by hazardous substances (e.g., asbestos, lead or PCBs)? Yes No
- b. If "yes," in writing? Yes No
- 3. a. Whether any specific site locations owned or leased now or in the past, or property to be acquired are located in, or adjacent to, ecologically sensitive area (such as, wetlands, floodplains, aquifers or conservation areas, etc.)? Yes No
- b. If "yes," in writing? Yes No

4. a. Whether any corporate entity connected to the client including all past and present parent subsidiaries, divisions and spinoffs has ever been fined, penalized, cited or sued for violating any federal, state or local environmental law or regulation? Yes No
- b. If "yes," in writing? Yes No
- B. Does the applicant have a procedure which requires the investigation of potential, material environmental risks before resolution of price and other central terms and conditions? Yes No
- If "yes," in writing? Yes No
- C. Does the applicant have a procedure which requires its attorneys to perform a thorough review with the client of the economic impact of known environmental considerations and potential benefits of further identification or quantification of environmental risks in property transfer or leasing transactions with potential, material environmental exposure? Yes No
- If "yes," in writing? Yes No
- D. Does the applicant have procedures which address the conduct of employees relative to the handling of material confidential information concerning environmental audits or investigation of transaction related parties? Yes No
- If "yes," in writing? Yes No
- E. Does applicant have a procedure requiring the preservation of the written records of the firm in connection with any documentation concerning disclosure of site contamination of potential buyers or lessees? Yes No
- If "yes," in writing? Yes No
- F. Does applicant have a procedure requiring the preservation of the written records of the firm in connection with documentation of investigation of sites, for buyers or lessees, to discover environmental damages? Yes No
- If "yes," in writing? Yes No
- G. Does applicant have a procedure requiring its real estate lawyers to participate in in-house seminars on current environmental topics and developments and/or to attend continuing legal education seminars on current environmental developments? Yes No

Signature of Owner, Officer or Partner

Title

Date

Please complete the following for each financial institution referred to by a YES response to any category in question #5 or #6. Please submit a response to each question. If a question does not apply, please put N/A in lieu of leaving a question blank.

1.
 - a. Name of financial institution: _____
 - b. Location (city and state): _____
 - c. From: _____ To: _____
 - d. Services provided: _____
 - e. Internal Committee Name(s): _____
 - f. Official Capacity: _____
 - g. Equity Interest: Value of Shares \$ _____
 - h. Director, Officer or other ownership interests: _____
 - i. Loan or other credit extensions: _____
 - j. Prepared responses to regulatory examinations or provided advice on regulatory issues? Yes No
If "yes" please explain: _____
 - k. Has the financial institution been sold to any other financial institution? Yes No
Was the sale federally assisted? Yes No
If "yes" indicate to whom the financial institution was sold, when and the location of the new financial institution. _____
 - l. Has it been declared insolvent or operated under any regulatory direction or regulatory agreement? Yes No

2.
 - a. Name of financial institution: _____
 - b. Location (city and state): _____
 - c. From: _____ To: _____
 - d. Services provided: _____
 - e. Internal Committee Name(s): _____
 - f. Official Capacity: _____
 - g. Equity Interest: Value of Shares \$ _____
 - h. Director, Officer or other ownership interests: _____
 - i. Loan or other credit extensions: _____
 - j. Prepared responses to regulatory examinations or provided advice on regulatory issues? Yes No
If "yes" please explain: _____
 - k. Has the financial institution been sold to any other financial institution? Yes No
Was the sale federally assisted? Yes No
If "yes" indicate to whom the financial institution was sold, when and the location of the new financial institution. _____
 - l. Has it been declared insolvent or operated under any regulatory direction or regulatory agreement? Yes No

PROVIDE ABOVE INFORMATION ON SEPARATE LETTERHEAD OR PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.

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, commits a fraudulent insurance act.

Signature of Partner, Officer or Sole Proprietor	Date
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