



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY  
SECURITIES SUPPLEMENT**

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. Provide a breakdown of experience for those lawyers practicing law within the Securities area of practice.

Name of Attorney	Number of Years with Experience in Securities Practice

2. List the top five clients in terms of gross revenue for whom the Firm has performed securities work:

Name of Client	Number of years as a Client	Most recent year Firm rendered securities services	Current Client?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Does the Firm have a written procedure or memorandum that includes:

- a. Procedures to be followed by its attorneys in performing "due diligence" in connection with securities offerings?  Yes  No
- b. Procedures to be followed by its attorneys in performing "due diligence" in connection with securities offerings?  Yes  No
- c. Review of disclosure documents and legal opinions by a qualified, experienced securities attorney who is not working on the transaction?  Yes  No
- d. The preclusion of the use of the applicant's name in disclosure documents other than as having passed on specified legal matters?  Yes  No
- e. Prohibiting Firm attorneys and other employees from participating in securities selling process (e.g., marketing, meeting and communications with prospective investors)?  Yes  No

*Please provide a complete detailed description to any "No" response for questions 3a to d.*

4. During the past five years, has any former or current attorney in the Firm acted in the capacity of syndicator, promoter, general partner, investor or managing general partner of any limited partnership in addition to rendering of legal services in the formation of any limited partnership?  Yes  No

*Please provide a complete detailed description to any "Yes" response for questions 4. Include capacities acted in, dates, name of the partnership, when the partnership was formed, description of operation or activity of partnership and a description and approximate value of the partnership assets.*

5. During the past five years, has the Firm, or any attorney in the firm, been named or included in any investigative or administrative action by the SEC or by any state or other governmental agency regulating securities?  Yes  No

6. Does the firm or any attorney in the firm currently have knowledge of any facts which would indicate that the firm or any attorney in the firm may be named or included in any investigative or administrative action by the SEC or by any state or other governmental agency regulating securities?  Yes  No

*Please provide a complete detailed description to any "Yes" response for questions 5 and 6.*



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4. The sections below must be completed in full for each public or private offering for sale of securities for which any legal work was performed (including work performed prior to joining the firm) by any current or former firm attorney during the past five (5) years. Include all offerings on sales, any equity or ownership interest considered to be a "security" in its broadest meaning, including stocks, bonds, limited partnership units, debentures, interest in oil or other leases, etc.

Date of Offering	Name of Issuer	Date of Issuer Incorporation or Formation	Type of Offering*	Dollar Size of Offering	Issuer Industry	Exempt / Registered Offering	Counsel For**	Did Firm Render Tax Opinion?
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$				<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Type of Offerings:

CDO = Corporate Debt Offering  
 Muni Bond = Municipal Bond  
 NRM/L = Natural resources sector mutual or leasing

Private = Private Placement  
 Public = Public Offerings  
 PRC w T/M = Proxy & Reporting Compliance with takeover or merger  
 PRC w/o T/M = Proxy & Reporting Compliance without takeover or merger

\*\* Counsel For:

Auditor	Inv. Co = Investment company	Private = Private Placement purchaser
B/D = Broker / Dealer	Issuer	SSH = Selling Security Holders other than issuer
Ins. Co = Insurance Company	Lender	Underwriters

If needed, please add additional transactions in like format on an attachment.

Signature of Partner/Officer \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_