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Website: www.tlie.org / Email: info@tlie.org

**APPLICATION TO RENEW ATTORNEYS' CLAIMS
MADE AND REPORTED PROFESSIONAL
LIABILITY INSURANCE POLICY**

Name of Applicant: _____

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

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

Email: _____ Website: _____

1. Please review and make any necessary corrections to the **Renewal Application Information Supplement** which reflects the information we have about your firm. PLEASE MAKE CERTAIN ANY NEW ATTORNEYS (INCLUDING CONTRACT ATTORNEYS) OR NEW "OF COUNSELS" ARE LISTED.
2. **ATTACH A COPY OF THE APPLICANT'S LETTERHEAD.** If new letterhead is not yet available, please attach a typed draft version of your anticipated letterhead.
3. **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) _____
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 the Financial Institution Information Supplement for each institution for which you have served as a director or officer or for which 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, and you have an ownership interest, complete the Equity Interest Supplement.**
If yes, and you participate in a joint venture, please provide details on a separate sheet. Include the following: 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 (not billable hours), 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 which a firm member is an officer, director or employee, and which has not been previously reported to TLIE?
 Yes No **If yes, complete the Equity Interest Supplement.**
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 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.**
9. **SINCE THE LAST APPLICATION** has there been a change in any "Of Counsel" relationships?
 Yes No **(a) If yes, and someone acts as "Of Counsel" to your firm, please explain that change, including any additions or deletions of attorneys who act or acted as "Of Counsel" to your firm. Be sure to include the "Of Counsel(s)" on the Renewal Application Information Supplement and complete the Of Counsel Information Supplement: _____**

(b) If yes, and any firm member acts as "Of Counsel" to another firm, please explain that change, including the name and address of the other firm, the average hours per week spent in that capacity versus the average hours per week spent on behalf of the firm listed in response to Question No. 1, the date you started or ended that relationship, and whether or not that other firm carries professional liability insurance: _____

10. If you are a solo attorney currently averaging 24 hours or less per week in actual practice (not billable hours), 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

11. Are you a solo attorney currently working at least 75% of the time as an independent contractor/contract attorney for other law firm(s)?

Yes No (a) If Yes, please provide the name(s) of the firm(s) _____

(b) How many of the past four years have you spent working at least 75% of the time as an independent contractor/contract attorney for other law firm(s)? _____

12. INSURANCE LIMITS OF LIABILITY AND DEDUCTIBLES

PLEASE CHECK ALL LIMITS AND DEDUCTIBLES FOR THE POLICY TYPES FOR WHICH A QUOTE IS DESIRED. For assistance, please refer to our website: www.tlie.org and the material under the "Purchasing Insurance" heading, or contact our Member Services Department directly. TLIE RESERVES THE RIGHT TO RESTRICT THE AVAILABILITY OF LIMITS OF LIABILITY AND DEDUCTIBLES. DEDUCTIBLES IN EXCESS OF \$10,000 MAY REQUIRE THE SUBMISSION OF AN ACCEPTABLE FINANCIAL STATEMENT.

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

Basic Policy		New Attorney Basic Policy*		Part-Time Basic Policy*	
Limits of Liability	Deductible	Limits of Liability	Deductible	Limits of Liability	Deductible
\$ 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 10 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: _____
Limits of Liability	Deductible	Limits of Liability	Deductible	
\$ 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 11 to potentially qualify for this option.		*The Referral Service Policy is for attorneys who only need coverage for certain ABA accredited referral services.		

13. **SINCE THE LAST APPLICATION**, has the Applicant begun or ended any office expense sharing arrangements?
 Yes **No** **If yes, please explain on a separate sheet, including the attorneys involved and their bar card numbers.**
14. (a) **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 for a title company?**
 Yes **No** **Outside closing attorney, approved attorney or P-22 attorney?**
 Yes **No** **Non-attorney licensed escrow officer?**
- (b) **Yes** **No** **Have you entered into or modified any agreements with title companies since the last application?**
If yes, please provide copies of any such agreements.
- (c) **How many non-attorney licensed escrow officers are currently employed by the Applicant?** _____

RISK MANAGEMENT / FIRM POLICIES AND PROCEDURES

15. **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).**
16. **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?** _____

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. **Yes** **No** Has the Applicant or any firm member ever had professional liability insurance cancelled, declined or not renewed?
 Check here if previously reported to TLIE.
If not previously reported to TLIE, attach full details on a separate sheet.
18. **Yes** **No** Has the Applicant or any firm member ever been the subject of a professional liability claim?
 Check here if all claims have been previously reported to TLIE.
If yes, for any matters not previously reported to TLIE, attach the Claim Information Supplement(s).
19. **Yes** **No** 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?
 Check here if all such matters have previously been reported to TLIE.
For any matters not previously reported to TLIE, attach the Claim Information Supplement(s).
20. **Yes** **No** Has any firm member had a grievance filed against him or her in the past five years?
 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. **Yes** **No** 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?

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 MAKE SURE THAT ALL QUESTIONS ARE COMPLETELY ANSWERED, APPROPRIATE SUPPLEMENTS ARE COMPLETED AND THAT 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 (as appears in Question #1): _____

Authorized Signature: _____ *Date:* _____

Printed Name and Position: _____



CLAIM INFORMATION SUPPLEMENT

Applicant's Instructions:

1. *This information 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 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. *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, including area of practice out of which the claim arose: _____

 - 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 _____

SECURITIES SUPPLEMENT

B. 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?



EQUITY INTEREST SUPPLEMENT

Applicant: _____

A. Ownership/Officers or Directors

Provide the following information for each client in which the applicant or any firm member has an equity interest or in which any firm member is an officer or director. Financial Institutions do not need to be reported on this form. (Financial institutions must be reported on the **Financial Institution Information Supplement**.)

NAME OF CLIENT OR BUSINESS VENTURE	ATTORNEY(S) WITH INTEREST	OFFICES HELD	% OF INTEREST	NATURE OF BUSINESS

B. Risk Management Procedures

1. Yes No Does the Applicant or any firm member provide the previously identified client(s) with written disclosure of potential conflicts of interest in each of these equity situations?

2. Yes No Has the Applicant or any firm member accepted any type of equity interest in lieu of attorney's fees?
 If yes, either explain in the space provided below Question 3 or attach 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?

3. Yes No Has the Applicant or any firm member provided any professional legal services for a client in relation to the preparation of any disclosure or offering documents for investors and/or State or Federal Regulators?
 If yes, what procedures have been adopted to avoid an actual or alleged conflict of interest?

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 _____



OF COUNSEL INFORMATION SUPPLEMENT

Applicant's Instructions:

1. COMPLETE ONE SUPPLEMENT 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 Supplement 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 supplement for each.)

Attorney's Name

Year Attorney became "Of Counsel"

Bar Card Number

2. On average, 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?

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 _____



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) _____ |
|--|---|

The total percentage must equal 100%.

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) _____ |
|---|---|

The total percentage must equal 100%.

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 |
|---|---|

The total percentage must equal 100%.

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

	<u>Name</u>	<u>Type of Business</u>	<u>Work Performed</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

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 _____

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:
 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) Name of Patent Agent(s) USPTO Patent Agent Number(s) Date Joined Firm?

 (3) 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?



FINANCIAL INSTITUTION SUPPLEMENT

(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:

- | | |
|--|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Original Loan Documentation | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Workouts | <input type="checkbox"/> Regulatory Compliance |
| <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"/> Other Legal Services (describe) |
| <input type="checkbox"/> Other Real Estate (describe) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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:

- | | |
|--|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Original Loan Documentation | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Workouts | <input type="checkbox"/> Regulatory Compliance |
| <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"/> Other Legal Services (describe) |
| <input type="checkbox"/> Other Real Estate (describe) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 _____