

**JAMISONPRO RENEWAL APPLICATION**  
**INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY INSURANCE**  
**NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY**

Insurer: CNA Insurance Companies  
 CNA Plaza  
 Chicago, IL 60685

Administrator: Herbert L. Jamison & Co., L. L. C.  
 100 Executive Drive  
 West Orange, New Jersey 07052-3362  
 (800) 526-4766 or (973) 731-0806

Applicant Name (show complete firm name)		
Telephone Number	Expiration Date (Month / Day / Year)	E-Mail Address
Facsimile Number	Website Address	Policy Number

1. Has the firm's name, principal business address or telephone number changed since last year's application was completed?  
 No     Yes - If yes, please provide complete details in a separate addendum.
  
2. Has Applicant changed names, merged with or acquired another law firm since last year's application was completed?  
 No     Yes - If yes, please provide complete details in a separate addendum.
  
3. List all predecessors of the applicant (predecessor means an attorney, firm or professional legal corporation engaged in the practice of law to whose financial assets and liabilities the applicant firm is the majority successor in interest), for which coverage is being applied. NOTE: Coverage for predecessors is not automatically provided, and is subject to Underwriters' approval.  
**IF THIS QUESTION IS LEFT BLANK, COVERAGE WILL NOT BE PROVIDED FOR ANY PREDECESSOR FIRM(S):**  


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4. Have any attorneys joined the firm since last year's application was completed?  
 No     Yes - If yes, a separate **SUPPLEMENT #1** attached must be completed for each new attorney.
  
5. Have any attorneys left the firm since last year's application was completed?  
 No     Yes - If yes, please provide provide their name and the date of their departure in a separate addendum.
  
- 6a. Has any attorney been the subject of a reprimand or disciplinary action or been refused admission to the bar by any bar association, court or administrative agency since last year's application was completed?  
 No     Yes - If yes, please provide complete details in a separate addendum.
  
- 6b. Is any attorney aware of any claim, circumstance, incident, act or omission which might reasonably be expected to be the basis of a claim or suit, arising out of the performance of professional services for others?  
 No     Yes - If yes, a separate **SUPPLEMENT #2** attached must be completed for each claim, circumstance, etc.
  
- 6c. Complete a separate **SUPPLEMENT #2** attached providing updated details for each open or reopened claim or circumstance reported on any previous application for this insurance. It is not necessary to provide information on prior closed claims on which full details have already been provided.  
 No Change - Failure to provide updated details will represent "No Change".
  
7. Has the firm instituted any suits for fees against its own clients to enforce the collection of unpaid fees, since last year's application was completed.  
 No     Yes - If yes, please provide complete details of each suit in a separate addendum.
  
8. Have all attorneys met the state's Continuing Legal Education requirements during the last year?  
 No     Yes
  
9. Individual practitioners: You are required to list the name, address and telephone number of an attorney who will respond on your behalf if you are absent for an extended period of time:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

10. A. Does any attorney serve as a director, officer, trustee, consultant, employee or partner of, or exercise any fiduciary\* management control over any business or organization other than the Applicant?
- B. Does any attorney (and / or their spouse or an immediate family member) serve as a director or officer, in a fiduciary\* capacity, or have any ownership interest in the business of a client?

\* As used in Part A and Part B above, "Fiduciary" means an administrator, conservator, executor, guardian, trustee, receiver, escrow agent or any similar capacity.

No  Yes - If "yes" to Part A and / or Part B above, please complete **SUPPLEMENT #3** attached.

11. Billings

- A. Total Gross Billings (whether collected or not, including estimate of contingent fee) for:
- Last Fiscal Year: \$ \_\_\_\_\_ for 12 months ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Current Fiscal Year: \$ \_\_\_\_\_
- B. Indicate Percentage of Total Gross Billings derived from the following practice areas (**TOTAL MUST EQUAL 100%**):
- 1) Intellectual Property Litigation \_\_\_\_\_%
  - 2) Domestic Patent and Trademark Prosecution \_\_\_\_\_%
  - 3) Foreign Patent and Trademark Prosecution \_\_\_\_\_%
  - 4) Domestic Intellectual Property Licensing \_\_\_\_\_%
  - 5) Foreign Intellectual Property Licensing \_\_\_\_\_%
  - 6) Domestic Trademark and Copyright Registration \_\_\_\_\_%
  - 7) Foreign Trademark and Copyright Registration \_\_\_\_\_%
  - 8) Validity and Infringement / Non-Infringement Opinions / Counseling \_\_\_\_\_%
  - 9) Expert Testimony in IP Litigation \_\_\_\_\_%
  - 10) Patent Searches \_\_\_\_\_%
  - 11) Please provide percentage of Total Gross Billings derived from all practice areas other than Intellectual Property Law, and complete **SUPPLEMENT #4** attached. \_\_\_\_\_%

12. Technical Area of Specialization

Please indicate the estimated percentage of the Applicant's clients with intellectual property in the following specializations:

- 1) Chemical \_\_\_\_\_%
- 2) Electronics / Computers / Semiconductors / Software \_\_\_\_\_%
- 3) Pharmaceuticals / Biotechnology \_\_\_\_\_%
- 4) Mechanical / Industrial \_\_\_\_\_%

**Notice to Applicant - Please Read Carefully**

Agreement: "I / We agree and understand that the "Notice to Applicant" in the original application for this insurance continues in full force and effect. I / We understand that the responsibilities, rights, duties and obligations stated in that notice also continue in full force and effect. This application shall be incorporated into and shall become a part of the renewal policy."

I / We hereby authorize the release of claim information from any prior insurer to Underwriters.

I / We understand and accept that the policy applied for provides coverage on a "claim made" basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy unless I exercise the options available and in accordance with the terms of the policy.

Notice To **New Jersey, New York And Pennsylvania** Applicants: Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files 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 Subjects Such Person To Criminal And Civil Penalties. Under New York Law, Such Person 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.

Obtaining this form and tendering premium does not bind the applicant or the insurance company to complete the insurance. The application must be signed and dated in ink by an Owner, Partner or Officer to be considered for quotation.

\_\_\_\_\_  
Signature of Owner, Partner or Officer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Type Name and Title

The JamisonPro lawyers professional liability insurance program has been organized as a purchasing group located and domiciled in New Jersey, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. Completion of application or tendering of premium does not bind coverage. Application is subject to Underwriters' underwriting guidelines.

**INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY  
NEW ATTORNEY INFORMATION SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:**

- A. This form is to be completed by the Named Insured for each new attorney joining the firm.
- B. If space is insufficient to answer questions fully, continue on a separate sheet of paper and indicate the question number.
- C. Answer all questions completely.
- D. This supplemental application must be signed and dated by the New Attorney, and also the proprietor, partner, member or officer of the Named Insured authorized to procure and bind insurance for the firm.

This Supplement will form a part of the basic application submitted for the firm named below.

1. A. Named Insured of Expiring Policy (or Renewal Applicant, if different):

\_\_\_\_\_

\_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2.

Lawyer Name	Designation Code*	Years in Practice	State(s) / Year(s) Admitted	Specialty(ies) **

- \* Designation Codes:
- O = Officer, Director or Shareholder of the Corporation
  - P = Partner of a Partnership
  - CA = Contract Attorney
  - E = Employed Attorney (must be employee of applicant)
  - OC = Of Counsel attorney for whom coverage is desired

\*\* Specialties: Refer to Question 11B of the Named Insured's Renewal Application.

3. On what date did you commence employment with the Named Insured or Renewal Applicant above?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. List the lawyers professional liability insurance policies under which you have been insured for each of the past five (5) years, including any periods of NO coverage. If the insurance coverage was through another law firm, only list firm name and dates of employment.

From: MM/DD/YY	To: MM/DD/YY	Insurance Company	Limit of Liability	Retention/ Deductible
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

**SUPPLEMENT 1** (continued)

5. Within the last (5) years, have you been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, otherwise disciplined, or held in contempt by any court, administrative agency or regulatory body? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet, including a copy of the court's order.

6. Have you ever been the subject of a disciplinary complaint being made to by any court, administrative agency or regulatory body? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet, including a copy of the court's order.

7. Within the last (5) years, has any professional liability claim or suit been made against:

A. you individually, or any firm of which you were a sole proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

B. any firm of which you were a Partner, Officer, Director or Shareholder, an employee or an Of Counsel? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you know of any claim, circumstance, incident, act, error or omission arising out of the performance of professional services for others which might reasonably be the basis for a claim or suit against:

A. you individually, or any firm of which you were a sole proprietor? Yes \_\_\_\_\_ No \_\_\_\_\_

B. any firm of which you were a Partner, Officer, Director or Shareholder, an employee or an Of Counsel? Yes \_\_\_\_\_ No \_\_\_\_\_

**IT IS AGREED THAT, IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR SUIT ARISING THERE FROM WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.**

If you answer "yes" to **Question 7** or **Question 8** above, a **Supplemental Claim Information Form** must be completed for each claim or incident in order for your application to be considered.

9. Have all matters disclosed in questions 7 or 8 above been reported to your former or current insurer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you had professional liability insurance or similar insurance declined, canceled, non-renewed, or issued only on restricted terms in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide complete details on a separate sheet.

11. Outside Director, Officer, Fiduciary\* or Equity Interest Positions

A. Do you (and / or your spouse or immediate family member) serve as a director or officer, in a **fiduciary\*** capacity, or have any ownership interest in the business of a client? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you serve as a director, officer, trustee, consultant, employee or partner of, or exercise any **fiduciary\*** management control over any business or organization other than that of a client? Yes \_\_\_\_\_ No \_\_\_\_\_

\* **Fiduciary** means an administrator, conservator, executor, guardian, trustee receiver, escrow agent or any similar capacity.

If "yes", to either Part A or B above, complete Part C on the following page.

**SUPPLEMENT 1** (continued)

11. Outside Director, Officer, Fiduciary\* or Equity Interest Positions (Continued from Page 2)

C. If you answered "yes" to either Part A or B above, please complete the following table:

* Position Held:	D = Director	C = Consultant	FM = Fiduciary Management Control	
	O = Officer	E = Employee		F = Fiduciary
	T = Trustee	P = Partner		OI = Ownership Interest

Name of Lawyer, Spouse or Family Member.	Name / Nature of Business	Position Held* (see above) and Date of Affiliation	Client of Lawyer	Description of Professional Services Performed	Total % Equity Interest Held	% of Lawyer's Annual Income	D&O Insurance Or Indemnity Agreement
			<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
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice:** It is represented that the information contained herein is true and deemed incorporated into the Named Insured's Lawyers Professional Liability Insurance Application. I/We hereby authorize the release of claim information from any prior insurer to Certain Underwriters at Lloyd's of London.

**Notice to New Jersey, New York and Pennsylvania Applicants:** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 subjects such person to criminal and civil penalties. Under New York law, such person shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation."

Signature of New Attorney \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proprietor, Partner, Member or Officer of the Named Insured \_\_\_\_\_ Date \_\_\_\_\_

**INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY  
SUPPLEMENTAL CLAIM INFORMATION FORM**

**APPLICANT'S INSTRUCTIONS**

- A. This form is to be completed if the Applicant answered "yes" to **Question 6b** and / or **Question 6c** of the **JamisonPro Renewal Application**.
- B. Please fully answer all questions. Do not attach copies of a summons & complaint or other legal documents. If a question does not apply, enter "Not Applicable".
- C. If space is insufficient to answer any question fully, continue your answer on a separate page.

**This Supplement will form a part of the basic application submitted for the firm named below.**

1. Named Insured of Expiring Policy (or Renewal Applicant, if different):

\_\_\_\_\_  
\_\_\_\_\_

2. Full name of individual(s) and name of firm involved in this claim:

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

3. Additional Defendants:

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

4. Full name(s) of claimant(s): \_\_\_\_\_

5. Date(s) of alleged error(s): \_\_\_\_\_

6. Insurer / Insurance Information:

a. To what insurance company did you report this claim: \_\_\_\_\_

b. On what date did you report this claim to the insurance company: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

c. What is the amount of your Deductible applicable to claim: \$ \_\_\_\_\_

7. Present status of this claim:

\_\_\_\_\_

a.  Open  Closed

b.  Potential Claim  Non-Suited Claim  Suited Claim  Disciplinary Action

8. If this is an **Open Non-Suited Claim** or **Suited Claim**, please indicate:

a. Amount demanded for relief in Complaint: \$ \_\_\_\_\_

b. Claimant's settlement demand: \$ \_\_\_\_\_

c. Defendant's offer for settlement: \$ \_\_\_\_\_

d. Total damages paid or outstanding to date: \$ \_\_\_\_\_

e. Total defense costs paid or outstanding to date: \$ \_\_\_\_\_

8. If this claim is closed, please indicate:

a. Total amount of damages paid in settlement on your behalf, including your Deductible: \$ \_\_\_\_\_

b. Total amount of defense costs paid on your behalf: \$ \_\_\_\_\_

c. Manner of settlement:

- Pre-Litigation
- Out Of Court
- Court Judgment
- Arbitration Award

9. Description of claim - including likelihood that a claim will be pursued if presently a potential claim. Please provide enough information to allow an evaluation:

a. Allegation upon which Claimant bases claim:

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b. Description of case and events:

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10. Was this claim asserted as a cross-claim or counter-claim in a suit to collect fees?  Yes  No

11. Describe the policy or procedural changes that have been made to prevent the re-occurrence of a similar claim:

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\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY INSURANCE  
OUTSIDE INTERESTS / CONFLICTS OF INTERESTS SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:**

- A. This form is to be completed if the Applicant answered "yes" to Question 10a and / or Question 10b of the JamisonPro Renewal Application.
  - B. If space is insufficient to answer questions fully, continue on a separate addendum.
- This Supplement will form a part of the basic application submitted for the firm named below.

Named Insured of Expiring Policy (or Renewal Applicant, if different):

<b>* Position Held:</b>	<b>D</b>	=	Director	<b>C</b>	=	Consultant	<b>FM</b>	=	Fiduciary Management Control
	<b>O</b>	=	Officer	<b>E</b>	=	Employee	<b>F</b>	=	Fiduciary
	<b>T</b>	=	Trustee	<b>P</b>	=	Partner	<b>OI</b>	=	Ownership Interest

Name of Lawyer, Spouse or Family Member.	Name / Nature of Business	Position Held* (see above) and Date of Affiliation	Client of Lawyer or Applicant	Description of Professional Services Performed	Total % Equity Interest Held	% of Lawyer's Annual Income	D&O Insurance Or Indemnity Agreement
			<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
			<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

**SUPPLEMENT 3 (continued)**

Name of Lawyer, Spouse or Family Member.	Name / Nature of Business	Position Held* (see above) and Date of Affiliation	Client of Lawyer or Applicant	Description of Professional Services Performed	Total % Equity Interest Held	% of Lawyer's Annual Income	D&O Insurance Or Indemnity Agreement
			<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
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			<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

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY INSURANCE  
AREAS OF PRACTICE SUPPLEMENTAL APPLICATION

INSTRUCTIONS:

- A. Complete this form if any of Applicant's Total Gross Billings are derived from practice areas other than Intellectual Property Law.
- B. If space is insufficient to answer questions fully, continue on a separate sheet of paper and indicate the question number.

This Supplement will form a part of the basic application submitted for the firm named below.

1. Named Insured of Expiring Policy (or Renewal Applicant, if different):

\_\_\_\_\_

\_\_\_\_\_

2. Indicate Percentage of Total Gross Billings derived from the following Areas of Practice, where applicable:

Admiralty	_____ %	
Banking	_____ %	<b>Complete Financial Institutions Question #4 below.</b>
Bankruptcy	_____ %	
B.I. / P.D. Defense	_____ %	
B.I. / P.D. Plaintiff	_____ %	
Corporate - Formation / Alteration	_____ %	
Corporate - General	_____ %	
Criminal	_____ %	
Domestic Relations	_____ %	
Entertainment	_____ %	
Estate / Probate / Trust	_____ %	
Labor Relations	_____ %	
Money Management	_____ %	
Municipal Law	_____ %	
Oil & Gas	_____ %	
Real Estate	_____ %	
Securities Practice including:		
a. Syndications		
b. Tax Shelters		
c. Limited Partnerships	_____ %	<b>Complete SEC / Securities Question #3 below.</b>
Taxation	_____ %	
Other - Please describe		
_____	_____ %	
_____	_____ %	
_____	_____ %	

3. SEC / SECURITIES PRACTICE

A. What percentage of the Applicant's Total Gross Billings involved the following areas of practice during its most recent fiscal year?

- 1. Securities registered under the Securities Act of 1933 \_\_\_\_\_ %
- 2. Municipal Bonds \_\_\_\_\_ %
- 3. Private Placements and State Registrations \_\_\_\_\_ %

- 4. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than takeovers or mergers of publicly held companies. \_\_\_\_\_ %
- 5. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held companies. \_\_\_\_\_ %
- 6. Syndications / Tax Shelters / Limited Partnerships \_\_\_\_\_ %
- 7. Other Securities Services - Please describe and enter total percentage below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ %

- B. 1. Does the Applicant conduct what is commonly referred to as a "Due Diligence" investigation when representing clients as to the offering or sale of securities? Yes  No
- 2. If "yes", does the Applicant make routine use of checklists in its investigations? Yes  No

- C. During the past five (5) years has the Applicant been involved in, or had knowledge of any facts which would indicate that Applicant may be included in an investigation of administrative action by the SEC or any state agency regulating securities? Yes  No
- If "yes", please give details on a separate addendum.

- D. During the past two (2) years has the Applicant represented any client(s) in a hostile or contested takeover or merger? Yes  No
- If "yes", please provide the following information in relation to each such representation and indicate whether Applicant represented the "Acquiring Company" or the "Target Company". Attach a separate addendum if additional space is required

<u>Name of Acquiring Company</u>	<u>Client</u>	<u>Name of Target Company</u>	<u>Client</u>	<u>Value of Transaction</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**4. FINANCIAL INSTITUTIONS PRACTICE**

A. Indicate the type(s) of legal services rendered to Applicant's Financial Institution clients:

- a. General Counsel \_\_\_\_\_
- b. Regulatory Counsel \_\_\_\_\_
- c. Loan Documentation \_\_\_\_\_
- d. Loan Closing \_\_\_\_\_
- e. Stock Offering \_\_\_\_\_
- f. SEC Counsel \_\_\_\_\_
- g. Fidelity Bond Claims \_\_\_\_\_
- h. Other (Specify) \_\_\_\_\_

- B.** Since last year's application was completed, have any of the Applicant's Financial Institution clients:
- a. Failed Yes  No
  - b. Been merged or sold at regulatory direction Yes  No
  - c. Been placed under conservatorship control Yes  No
  - d. Begun operating under any form of regulatory agreement Yes  No

If "yes" to any of the above, please describe below, including the full name and address of the Financial Institution(s). Attach a separate addendum if additional space is required:

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- C.** Since last year's application was completed, has the FDIC or FDIC or their successors filed any lawsuit, or is any litigation pending against any director or officer of the Financial Institution(s) identified in Part B above? Yes  No

If "yes", please describe below including the name of the Financial Institution(s). Attach a separate addendum if additional space is required:

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- D.** Since last year's application was completed, has the firm been contacted by the FSLIC or FDIC or their successors with regard to any of the legal services performed by the firm for the Financial Institution(s) identified in Part B above? Yes  No

If "yes", please describe below including the name of the Financial Institution(s). Attach a separate addendum if additional space is required:

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I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE