



LAWYERS DEFENSE PLAN

PROFESSIONAL LIABILITY INSURANCE FOR LAW FIRMS

SECURITIES SUPPLEMENT

1. List the names of all lawyers engaged in securities and/or securities related practice (including tax and corporate services for such) during the past six (6) years:

Name	Practice Specialty	Years in this Specialty	Percentage of Time Billed for the Past Twelve (12) months	Average Annual Percentage of time for the Past Six (6) Years

2. Gross revenue derived from securities and /or securities related practice:

Type	Gross Revenue: Past Twelve (12) Months	Number Transactions For the Past Twelve (12) Months	Highest Annual Revenue for the Past Six (6) years	Total Number of Transactions for the Past Six (6) years
Bonds				
Derivatives				
General or Ltd. Partnerships				
Hedge Funds				
IPO				
Mergers & Acquisitions				
Private Placements				
Other (Specify):				

3. Does the firm accept securities in lieu of fees as payment for services rendered involving securities-related transactions? (If Yes, provide details)..... Yes No

4. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past six (6) years:

Year	Client	Industry	Type of Representation (list all that apply)	Size of Offering	Primary (P) or Secondary (S)	Taken Up or Not	Type of Transaction

5. Other than primary and secondary offerings, describe in detail any other work involving securities practice:

6. By attachment, describe in detail what steps are taken to satisfy the "due diligence" requirements under Section 11 of the Securities Act of 1933.

7. Does the firm provide investment counselor services or render tax opinions in connection with the transactions handled? (If Yes, provide details)..... Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Securities Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Name of Applicant / Insured Firm
APA-132 (8/2004)

Signature of Partner, Officer or Owner

Date
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