



LAWYERS PROFESSIONAL LIABILITY AREA OF PRACTICE SUPPLEMENT



PLAINTIFF LITIGATION If N/A, please check here and proceed to Bankruptcy and Collections: [ ]

- 1) Total number of plaintiff cases during the past 12 months: \_\_\_\_\_
2) Average number of plaintiff cases per attorney during the past 12 months: \_\_\_\_\_
3) In the past 12 months, approximately what percentage of plaintiff cases did the firm reject? \_\_\_\_\_%

4) Average dollar value of cases:

- [ ] Less than \$25,000 [ ] \$25,000 - \$250,000 [ ] \$250,001 - \$500,000
[ ] \$500,001 - \$1,000,000 [ ] Other \_\_\_\_\_

5) Indicate below the percentage of the firm's plaintiff cases and the LARGEST dollar size of judgments, awards and/or settlements for each in the last 12 months:

Table with 3 columns: Case Type, Percentage, and Dollar Amount. Rows include Commercial/Business, Medical Malpractice, Legal Malpractice, Other Non-Medical Prof. Liability, Employment, Automobile Accident, Slip and Fall, Product Liability, Toxic Tort, Class Action/Mass Tort\*, and Other: (Describe).

\* If indicated, please also complete the Class Action/Mass Tort portion of the Area of Practice Supplement below.

- 6) Does your firm use written referral agreements for all cases referred out to (and in from) other firms?\*. . . . . [ ] YES [ ] NO
7) Does your firm obtain evidence of professional liability insurance when cases are referred out to (and in from) other firms?\*. . . . . [ ] YES [ ] NO
8) Are Settlement Authority Agreement forms (signed by your client) used when settlements are reached?\*. . . . . [ ] YES [ ] NO
9) Does the firm decline all cases with less than six (6) months to the Statute of Limitation?\*. . . . . [ ] YES [ ] NO
10) Are you aware of the provisions applicable for Medicare Set-Aside Allocations (MSA), including the Medicare Secondary Payer Act (MSPA) and the Medicare, Medicaid and SCHIP Extension Act of 2007 (aka MMSEA or SCHIP)?\*. [ ] YES [ ] NO
11) Has the firm established guidelines to comply with the provisions applicable for Medicare Set-Aside Allocations (MSA), including the Medicare Secondary Payer Act (MSPA) and the Medicare, Medicaid and SCHIP Extension Act of 2007 (aka MMSEA or SCHIP)?\*. . . . . [ ] YES [ ] NO

\*If you answered "No" to any of questions 6-11, please provide details on a separate sheet of paper.

BANKRUPTCY AND COLLECTIONS If N/A, please check here and proceed to Wills, Trusts & Estates: [ ]

- 1) What percentage of the firm's bankruptcy cases are individual \_\_\_\_\_% and/or corporate \_\_\_\_\_%?
2) What percentage of the firm's bankruptcy cases are on behalf of the creditor \_\_\_\_\_% debtor \_\_\_\_\_% or trustee \_\_\_\_\_%?
3) During the past 12 months:
a) How many attorneys have worked on collection cases? \_\_\_\_\_
b) How many non-attorney staff members have worked on collection cases? \_\_\_\_\_
c) How many collection cases has the firm handled? \_\_\_\_\_
d) Approximately how many individual consumer debtors have been contacted by phone, letter or otherwise by anyone employed by or in any way affiliated with the firm? \_\_\_\_\_ In the past five (5) years? \_\_\_\_\_
4) Do all attorneys handling bankruptcy and/or collection matters have at least five (5) years of experience?\*. . . . . [ ] YES [ ] NO
5) Can you confirm during the past three (3) years the firm has NOT allowed any collector, collection agency, or any other party to use the law firm's name or any attorney's name in collection-related matters?\*. . . . . [ ] YES [ ] NO
6) Are all collection communications used by the firm in compliance with the Federal Fair Debt Collection Practices Act?\*. [ ] YES [ ] NO

\*If you answered "No" to any of questions 4-6, please provide details on a separate sheet of paper.

**WILLS, TRUST & ESTATES** If N/A, please check here and proceed to Real Estate:

- 1) List the top two (2) largest clients to whom the firm provided wills, trusts and/or estate planning services in the last 12 months. (Provide approximate estate value rather than fees paid.)

<u>Client Name</u>	<u>Attorney</u>	<u>Approximate Estate Values</u>
<u>Client A</u>	_____	_____
<u>Client B</u>	_____	_____

- 2) What services does the firm provide? (check all that apply)

- |                                                |                                          |                                            |                                                 |
|------------------------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Preparation of Wills  | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Probate           | <input type="checkbox"/> Trust Administration   |
| <input type="checkbox"/> Corporation Formation | <input type="checkbox"/> Tax Opinions    | <input type="checkbox"/> Taxation          | <input type="checkbox"/> Asset Protection       |
| <input type="checkbox"/> Litigation            | <input type="checkbox"/> Guardianship    | <input type="checkbox"/> Medicaid Planning | <input type="checkbox"/> Other (Describe) _____ |

- 3) Does the firm, or any member of the firm, have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds for clients? . . . . .  YES  NO

***If yes, please provide a detailed narrative including whether dual signatures are required for all checks.***

- 4) Does any attorney serve as Executor/Personal Representative/Administrator or Trustee? . . . . .  YES  NO

***If yes, provide a list by attorney with: Name of client, approximate estate/trust value and services provided.***

- 5) Does the firm always include a cold review by a second attorney when drafting all new wills and trusts (including those prepared for friends and/or relatives)? . . . . .  YES  NO

***If no, on a separate sheet, explain how the firm reviews these documents for accuracy/completeness.***

**REAL ESTATE** If N/A, please check here and proceed to Taxation:

- 1) If you reported any Real Estate in the Area of Practice grid on the Application, please complete the following breakdown. Write "n/a" in any blanks that do not apply.

	<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>
Number of transactions in last 12 months:	_____	_____
Number of transactions in the PRIOR 12 months:	_____	_____
Property value of the largest transaction in the last 12 months:	_____	_____
Property value of the largest transaction in the PRIOR 12 months:	_____	_____
Number of Title Opinions issued in the last 12 months:	_____	_____
Number of Title Insurance Policies issued in the last 12 months:	_____	_____
Number of Title Searches conducted in the last 12 months:	_____	_____
Number of Foreclosures/Workouts representing the Creditor in the last 24 months:	_____	_____
Number of Foreclosures/Workouts representing the Debtor in the last 24 months:	_____	_____
Average property value of Foreclosures/Workouts handled in the last 24 months:	_____	_____

- 2) Does anyone affiliated with the firm maintain any equity interest in a Title Agency? . . . . .  YES  NO

a. If yes, please specify the percentage of equity interest and/or ownership: \_\_\_\_\_%

b. Does the Title Agency have separate Title Agency Professional Liability Coverage?  YES  NO

- 3) If you act in a dual capacity in the same real estate transaction, do you always use a disclosure form signed by both parties? . . . . .  YES  NO

- 4) Does your firm provide services to clients who form, manage or organize group investments/syndications for the purpose of investing in real property?\* . . . . .  YES  NO

- 5) Does your firm undertake any aspect of financial or valuation analysis or review of transactions for clients (e.g. tax ramifications, appraisals, etc.)?\* . . . . .  YES  NO

- 6) Does your firm handle real estate transactions involving Oil & Gas or Mining Rights?\*. . . . .  YES  NO

- 7) Does your firm's real estate practice include securing financing for your clients?\*. . . . .  YES  NO

- 8) Do non-attorney staff members attend closings in lieu of attorneys on behalf of the Applicant firm?\*. . . . .  YES  NO

- 9) Does anyone in the firm hold a real estate agent or broker license?\*. . . . .  YES  NO

***\*If you answered "yes" to any of questions 4-9, please attach a detailed explanation on a separate sheet of paper.***

**TAXATION** If N/A, please check here and proceed to Entertainment:

- 1) Do all attorneys handling taxation matters have at least five (5) years of experience? . . . . .  Yes  No  
**If no, describe relevant experience for each person handling taxation matters, and explain how these attorneys are supervised.**
- 2) What services does the firm provide? (check all that apply)
 

<input type="checkbox"/> Opinion on Tax Shelters	<input type="checkbox"/> Estate Tax Returns	<input type="checkbox"/> Subchapter S Elections
<input type="checkbox"/> Liquidation of Corporations	<input type="checkbox"/> Corporation Formation	<input type="checkbox"/> Other Tax Returns
<input type="checkbox"/> Asset Protection	<input type="checkbox"/> Litigation	<input type="checkbox"/> Other (Describe) _____
- 3) During the past five (5) years, has your firm helped create or write an opinion supporting a transaction intended to reduce federal taxes by \$1 million or more? . . . . .  Yes  No  
**If yes, provide detailed explanation specifying the number of such transactions, the aggregate amount of taxes saved or to be saved, and the method or type of each transaction.**
- 4) During the past five (5) years, has the IRS challenged transactions of the types listed in No. 3 above where your firm participated in (or opined on) the transaction? . . . . .  Yes  No  
**If yes, on a separate sheet list the dollar amount in dispute and the status or ultimate disposition of each such challenge.**
- 5) During the past five (5) years has your firm (or anyone in the firm) been served by the IRS with an administrative summons (aka "promoter summons") or been the subject of any other federal, state or local government proceeding regarding transactions that were also the subject of an IRS inquiry, audit and/or investigation? . . . . .  Yes  No  
**If yes, on a separate sheet list and describe any such proceeding and its status or ultimate disposition.**

**ENTERTAINMENT** If N/A, please check here and proceed to Financial Institutions/Banking:

- 1) Do all attorneys handling entertainment matters have at least five (5) years of experience? . . . . .  Yes  No  
**If no, describe relevant experience for each person handling entertainment matters, and explain how these attorneys are supervised.**
- 2) List the firm's top three (3) Entertainment clients (in terms of notoriety) and work performed for each:

Client Name	Description of Work Performed

- 3) Does the firm, or any attorney in the firm, perform any of the following services/activities: negotiate the financing or distribution of products, serve as the trustee of a client's trust, manage estate, act as business or investment manager, offer investment advice, accept a percentage of earnings as legal fees, or serve as talent agent or manager? . . . . .  Yes  No  
**If yes to any portion of this question, provide a detailed narrative on a separate sheet of paper.**

**FINANCIAL INSTITUTIONS/BANKING** If N/A, please check here and proceed to Class Action/Mass Tort:

- 1) Within the past five (5) years, have any services been provided to financial institutions OTHER THAN loan documentation, bankruptcy/collection, real estate loan closings, title, and/or trust work?\*. . . . .  Yes  No
- 2) Has the firm provided financial institution formation services, regulatory services or advice, general counsel services, or approved loans for any financial institution?\*. . . . .  Yes  No
- 3) Has any member of the firm acted as a Director or Officer, held more than 1% equity interest or had loan obligations exceeding \$50,000 with a financial institution client of the firm?\*. . . . .  Yes  No
- 4) Has any past or present financial institution client of the firm ceased operations, gone insolvent, been declared insolvent, or become controlled or operated by the FDIC, OCC, OTS, or any other government agency?\*. . . . .  Yes  No  
**\*If you answered "yes" to any of questions 1-4 above, please complete the information below using additional paper if necessary.**

Financial Institution Name and City, State	Services Provided by the Firm	Director or Officer? Y/N	Total Attorney Equity Value in Client	Dates of Service

**CLASS ACTION/MASS TORT** If N/A, please check here and proceed to Oil & Gas:

Please provide the information requested below for all Class Action/Mass Tort matters in which the firm, or any of the firm’s attorneys (regardless of what firm they were practicing with at the time), rendered legal services during the past five (5) years. Please attach additional sheets as necessary.

Date representation began	Subject matter (For Example: Wage & Hour or Product Liability –Defective Tire)	State/Court Jurisdiction	Representation: LC – Lead Counsel CLC – Co-Lead Counsel LCO – Local Counsel Only	Represented: P – Plaintiffs D – Defendants and Type of Business	Was the Class Certified Y/N?	Total # of Class Members and # of Members Represented	Total Estimated or Actual Damages for all Class Members	Current Status

**OIL & GAS** If N/A, please check here and proceed to the signature portion of the supplement:

- Do all attorneys handling Oil & Gas matters have at least five (5) years of experience? . . . . .  Yes  No  
*If no, please describe relevant experience for each person handling oil & gas matters, and explain how these attorneys are supervised.*
- What percentage of your overall Oil and Gas work involves title opinions? \_\_\_\_\_
- What percentage of your overall Oil and Gas work involves Fracking? \_\_\_\_\_
- List the three largest Oil & Gas clients and the work performed for each:

Client Name	Description of Work Performed
1.	
2.	
3.	

The following Areas of Practice have separate Supplements that must be completed if indicated in the Area of Practice grid on the application: **Intellectual Property** and **Securities/Bonds**.

I understand that the information submitted in this supplement becomes a part of my Lawyers Professional Liability Application and is subject to the same representations and conditions.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner, Partner, Principal, Officer, or Member of the Applicant Firm

\_\_\_\_\_  
Date

**INCOMPLETE, UNSIGNED AND UNDATED APPLICATION SUPPLEMENTS  
WILL BE RETURNED FOR COMPLETION.**