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| APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE |
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Security Supplement

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

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

2. Does the firm have a procedure manual, memorandum or other written document with respect to the following:

- | | |
|---|--|
| a. The procedures to be followed by its attorneys in performing “due diligence” in connection with securities offerings. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. The review of disclosure documents and legal opinions by a qualified, experienced securities attorney who is not working on the transaction. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. The preclusion of the use of the applicant’s name in disclosure documents other than as having passed on specified legal matters. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Prohibiting its attorneys and other employees from participating in securities selling process (e.g. marketing, meeting and communications with prospective investors). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. During the past five years, has the firm, or any attorney in the firm, while such attorney was affiliated with 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Within the last five years, has any former or current attorney in the firm participated in the formation of (other than solely the rendering of legal services to) any limited partnership, or acted in the capacity of syndicator, promoter, general partner, or managing general partner of any limited partnership? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If “YES” please provide a complete, detailed description including capacities acted in, dates, name of the partnership, when the partnership was formed, description of operation or activity of partnership, and description and approximate value of the partnership assets.

3. Please provide a breakdown of experience for those attorneys practicing law within the "Securities" area of practice

| Name of Attorney | # of Yrs with Experience in "Securities" | Percent of Time Spent in "Securities" Area of Practice in Billable Hours | |
|------------------|--|--|--------------|
| | | Most Recent 12 Mos | Prior 12 Mos |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

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. Include all offerings on sales, any equity or ownership interest considered to be a "security" in its broadest meaning, including stocks, bond, limited partnership units, debentures, interest in oil or other leases, etc.

| Date of Offering | Name of Issuer | Type of offering | Type of Business |
|------------------|----------------|------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| Did Firm Render Tax Opinion? | Date of Issuer Incorporation or Formation | # of Months as Client | Dollar Size of Offering | As Counsel For |
|---|---|-----------------------|-------------------------|----------------|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

| Description of Security |
|-------------------------|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |