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**AMERICAN ALTERNATIVE INSURANCE CORPORATION**

**555 College Road East, Princeton, NJ 08543-5241**

***AREAS OF PRACTICE SUPPLEMENT to***

**APPLICATION FOR LAWYERS’ PROFESSIONAL LIABILITY INSURANCE**

**Claims Made and Reported Insurance Policy**

**INSTRUCTIONS: 1-5 ATTORNEYS FIRMS ONLY:** The relevant portion of this form should be completed for each Area of Practice listed below that generates **more than 5% of Firm Revenues**. **ALL OTHER FIRMS**: This relevant portion of this form should be completed for each Area of Practice listed below that generates **ANY Firm Revenues**. The Areas of Practice requiring supplemental responses are: ***Bankruptcy/Collections, Banks/Financial Institutions, Bonds/Securities, Entertainment, Estates & Trusts, Intellectual Property, Natural Resources/Oil & Gas, Plaintiff-Personal Injury/Class Action/Mass Tort, Real Estate or Tax.*** Only complete the AOP sections generating revenues during the past year, except for Securities & Bonds where the required disclosure period is the past 5 Years. *Skip Sections that are Not Applicable*.

|  |
| --- |
| *Area of Practice Supplement* Bankruptcy & Collections |

**Bankruptcy:** N/A-*No Revenues*

1. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Matters Handled: \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_\_

2. Breakdown of Cases Handled: a. Ch. 7 \_\_\_\_\_\_% b. Ch. 9 \_\_\_\_\_\_% c. Ch. 11 \_\_\_\_\_\_% d. Ch. 12 \_\_\_\_\_\_% e. Ch. 13 \_\_\_\_\_\_% f. Ch. 15 \_\_\_\_\_\_% g. Estimated percentage of All Matters with Adversarial Proceedings? \_\_\_\_\_\_\_\_% h. Other: \_\_\_\_\_\_%

(*Other Cases Description) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Role or Party Represented: Debtor Cases \_\_\_\_\_% Creditor Cases \_\_\_\_\_% Trustee Cases \_\_\_\_\_% Other \_\_\_\_\_\_%

(*Other Role Description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4. Estates by Asset Size: Up to $1M \_\_\_\_\_% $1M+ to $5M \_\_\_\_\_% $5M+ to $10M \_\_\_\_\_% 10M+ to $20M \_\_\_\_\_% $20M+\_\_\_%

**Collections**: N/A-*No Revenues*

5. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Matters Handled: \_\_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_

# of Non-Attorney Staff Involved: \_\_\_\_\_\_\_ Est. # of Clients\_\_\_\_\_\_ Est. Ave. Debt $\_\_\_\_\_\_\_\_\_\_\_Est. Max. Debt $\_\_\_\_\_\_\_\_\_

6. Client Types Represented: Debt Purchaser/Factoring Company  Debt Securitizers/SPVs Payday/Auto Title Lenders

7. Check all RM Procedures: FDCPA Compliance Procedures Debt Validity/Verification Procedures Outside Collection Agencies prohibited from using Firm name  Collection Letters and Scripts annually reviewed for State & Federal Compliance

8. Firm has ownership in any outside Collection Agency? YES  NO. If YES, name & location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| Banks/Financial Institutions |

N/A-*No Revenues*

9. Est. Ann. Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Banks/F.I.s Represented: \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_\_

10. Breakdown of Services:

a. Bankruptcy/Collections\_\_\_\_\_% b. Financial/Invest. Advisory\_\_\_\_\_\_% c. Loan Valuation/Fin. Analysis \_\_\_\_\_\_%

d. Real Estate Loan Doc./Title Work/Closings/Foreclosures:\_\_\_\_\_ % e. Other Residential \_\_\_\_\_\_% f. Commercial \_\_\_\_\_% g. Regulatory/Examinations \_\_\_\_\_% h. Trusts \_\_\_\_\_% i. Securities \_\_\_\_\_% j. Other\*\_\_\_\_\_\_\_%

k. Est. # of Trusts/Year:\_\_\_\_\_\_ l. Ave. Trust Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m. Max Trust Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\**Describe Other Services)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Has the Firm provided any advice regarding the legality, financial impact or potential effectiveness of any tax benefit transactions or tax treatments, or provided any formal legal opinions to Financial Institution clients regarding any potential tax shelters or tax minimization or avoidance strategies? YES  NO (*If YES, Please Describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

12. Please provide the following information for the Firm’s **Top 3** Financial Institution clients based upon Asset Size:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Institution Name & Location** | **Est. Total Assets** | **FDIC/ NCUA Insd?** | **Positions Held1** | **Types of Services Provided** (Please code each service provided)2 | **Equity %** | **Involved in Loan Approvals** | **Handled Bank Formation/ Financing** | **Total Applicant Firm Revenue** |
|  |  | FDIC  NCUA |  |  |  | YES  NO | YES  NO |  |
|  |  | FDIC  NCUA |  |  |  | YES  NO | YES  NO |  |
|  |  | FDIC  NCUA |  |  |  | YES  NO | YES  NO |  |

**1Positions Held:**

**BD** = Board Member/Director **LC** = Loan Committee **ME** = Manager/Employee **OC** = Other Committee Member **OF** = Officer

**2Types of Professional Services Provided**:

**BC** = Bankruptcy/Collections **FI** = Financial or Investment Advice **LV** = Loan Valuation/Analysis **RG** = Regulatory/Examinations

**RLTR** = Real Estate Loan Transactions/Closings (Residential) **RTLC** = Real Estate Loan Transactions/Closings (Commercial)

**T** = Trust Formation or Administration **S** = Securities

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| Bonds/Securities |

N/A-*No Revenues*

13. Est. Annual Revenues: Past Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Prior Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. # of Attorneys Involved: \_\_\_\_\_\_\_ Senior Attorney Total Yrs. of SEC Experience \_\_\_\_\_\_\_ Ave. SEC Billing Rate: \_\_\_\_\_\_\_\_\_

15. Please complete this chart for all Securities or Bond transactions in which any past or present firm member had any involvement, if expected to be completed within 6 months or if completed within the past 5 years (including withdrawn or unsuccessful offerings): (*NOTE: See Abbreviation Keys below and on following page*)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Issue Date** (Actual or Expected) | Issuer Name & **Business/Enterprise Type** (i.e., Real Estate, IT Services, School District, etc.) | **Offer Type3** | **Dollar Size of Offering & Investment Grade** *(if applicable)* | **Firm issue Tax Opinion?** (Yes/No) | **Underwriter Name** | **Accountant Name** | **Acted as Counsel for:4** | **Any Equity or Official Cap.?5** |
|  |  |  |  | YES  NO |  |  |  | YES  NO |
|  |  |  |  | YES  NO |  |  |  | YES  NO |
|  |  |  |  | YES  NO |  |  |  | YES  NO |
|  |  |  |  | YES  NO |  |  |  | YES  NO |

*Please attach additional pages if needed for any additional offerings.*

3**Type of Offering:**

**PR** = Private Placement **IPO** = Initial Public Offering **SPO** = Sec. Public Offering **CB** = Corp Bond **MB** = Municipal Bond

**IRB** = Industrial Rev./Dev. Bond **SN** = Syndication **TS** = Tax Shelter **LP** = Limited Partnership **O** = Other (*Add Attachment*) *NOTE: Please also include an indication of whether each offering was Exempt “****(E)****” or Registered “****(R)****”*

4**Firm acted as Counsel for**:

**I** = Issuer **U** = Underwriter **L** = Lender **IC** = Insurance Company **P** = Purchaser **A** = Auditor **O** = Other (*Add Attachment*)

5**Firm Equity or Official Capacity:**

If Yes, describe any firm member’s investment (excluding mutual fund or de minimis investments) or any official position or capacity with any Entity listed above, including any position as an officer, director, general counsel, executive, promoter, manager, or employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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16. During the past five years, as any past or present Firm member been either:

a. the subject of an investigation by the SEC or any other regulatory body regarding a Bond or Securities transaction, or been either terminated by a client or had a dispute with a client requiring disclosure to securities regulators? YES  NO or

b. named as a party to any legal action under the Securities Acts of 1933 and 1934, as amended, or any state law, arising out of or relating to the issuance, offering or sale of securities or bonds? YES  NO If YES to a. or b. above, please describe:

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

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| Copyright/Trademark/Patent |

N/A-*No Revenues*

25. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of IP Clients: \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_\_

26. Please provide the following for the Firm’s **Top 3** Intellectual Property Clients according to annual Firm Revenues generated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Name & Location**  (Description if Confidential) | **Est. Market Value or Total Assets**  (or Ind. Net Worth) | **Client Industry8** | **Types of IP Services Provided**  (Please code each service provided)9 | **Years a Firm Client** | **Patent Opinion(s) Issued?** | **Total Firm Revs.** |
|  |  |  |  |  | YES  NO |  |
|  |  |  |  |  | YES  NO |  |
|  |  |  |  |  | YES  NO |  |

**8Client Industry:**

**AE** = Aerospace **BI** = Biotech **CH** = Chemical **ET** = Electric & Transmission **IN** = Industrial **IT** = Information Technology

**ME** = Mechanical **MD** = Medical (ex. Pharma) **O** = Other (*Please describe*) **PH** = Pharma **TR** =Transportation

**9Intellectual Property Services**:

**CLD** = IP Contracts/Licensing (Domestic) **CLF** = IP Contracts/Licensing (Foreign) **CT** = Copyright/Trademark

**PLD** = Patent Lit. (Domestic) **PLF** = Patent Lit. (Foreign) **PPD** = Patent Pros./Reg. (Domestic) **PPF** = Patent Pros./Reg. (Foreign) **PSD** = Patent Search (Domestic) **PSF** = Patent Search (Foreign)

27. To what degree are the following policies or procedures utilized when performing IP services:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intellectual Property Policy or Procedure** | **Frequency/Consistency** | | | | |
|  | Never | Sometimes | | | Always |
| a. Firm assumes direct responsibility for payment of maintenance fees, taxes or annuities for IP Clients? |  | |  |  | | |
| b. Use of 3rd Party Patent Searchers? |  | |  |  | | |
| c. Use of 3rd Party Maintenance or Annuity Fee Payment Service? |  | |  |  | | |
| d. Insurance Verification required for 3rd Party Service Providers? |  | |  |  | | |
| e. Computerized Docket Control with automated warnings for all parties of Statutory Bar, Fee Due & Response Dates? |  | |  |  | | |
| f. Local Firm used for Foreign Patent Services? |  | |  |  | | |
| g. Patent Search includes Engagement Letter with limitation for scope of services? |  | |  |  | | |
| h. Patent Search results memorialized by a Patent Opinion Letter? |  | |  |  | | |
| i. Patent Opinion Letter includes a limitation for scope of patent search conducted? |  | |  |  | | |
| j. Patent Opinion includes a guarantee or warranty (with or without subjectivities)? |  | |  |  | | |
| k. Accept equity or financial interest in lieu of profession fees? |  | |  |  | | |

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| Entertainment |

N/A-*No Revenues*

17. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Entertainment Clients: \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_\_

18. Please complete the following chart for the Firm’s **Top 3** Entertainment clients according to estimated Net Worth or Total Assets:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | ***Please check all applicable Services that are provided to each of these Clients:*** | | | | | | |
| **Client Name & Location** *(Initials* *if Confidential)* | **Ent. Type6** | **Est. Net Worth or Total Assets** | **Firm Revs.** | **Money Mgmt./**  **Banking/ Financial**  **Trans.** | **Investment Mgmt./ Investment Advice** | **Estates & Trust Mgmt.** | **Talent or Business Manager** | **Product Licensing/ Financing/ Distribution** | **Intellectual Property Protection** | **Negotiate Personal Appear.** |
|  |  | $ | $ |  |  |  |  |  |  |  |
|  |  | $ | $ |  |  |  |  |  |  |  |
|  |  | $ | $ |  |  |  |  |  |  |  |

6**Entertainment Type:**

**AB** = Acrobats/Contortionists/Jugglers/Circus Performers  **AC** = Actors **AR** = Artists/Painters/Sculptors/Performance Artists

**AU** = Authors/Playwrights/Screenwriters **C** = Comedians/Comedy Writers **D** = Dancers/Troupes **H** = Hosts/Moderators/Presenters

**IA** = Individual Athletes **MG** = Magicians/Illusionists **MS** = Musicians/Orchestras **O** = Other (*Describe* *Below*)

**P** = Publishers/Distributors **SP** = Sports Teams **SG** = Singers/Bands/Music Groups **ST** = Studios/ Producers/Production Companies (*Please Describe Other Entertainment Clients Not Listed Above*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Please indicate whether the Firm has ever engaged in any of the following practices:

a. Accepted any type of compensation from banks, financial institutions, lenders, financiers, investment firms, or any other type of business enterprise or service provider for referrals or recommendations made to Entertainment clients, or for otherwise advising or counseling these clients to invest with, purchase services from, or enter into contracts with these entities? YES  NO

b. Entered into outside business relationships with or made investments in Entertainment Clients, or has accepted any equity or non-fee-based compensation (i.e., excluding professional service fees) from such Clients? YES  NO

c. Simultaneously represented both an Entertainment Client and a business entity with whom the client either had a contract or a potentially adversarial business/legal relationship? YES  NO. If YES, did Client sign Conflicts Waiver? YES  NO

|  |
| --- |
| Estates & Trusts |

N/A-*No Revenues*

20. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Estates/Trusts Handled: \_\_\_\_\_\_\_\_ # of Attys Involved: \_\_\_\_\_\_\_

21. Does the Firm accept any form of commission, referral fee or other compensation from 3rd parties for Securities purchases, Real Estate or Investments made by or on behalf of E&T Clients? YES  NO. If YES, disclosed in writing to the Client? YES  NO

22. Please complete the following chart for the Firm’s **Top 3** Estates and Trust Clients according to estimated Estate Size or Trust Value:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Estate or Trust Details** | | | | | **Types of Services Provided or Authority Exercised** | | | | | | |
| **Estate or Trust Name** | **Estate or Trust Type7** | **Estimated Estate or Trust Total Assets** | **Firm Revenue or Total Billings** | **Years a Firm Client** | **Business/ Real Estate/ Asset Mgmt.** | **Invest. Mgmt./ Invest. Advice** | **Investment Discretion** | **Check Writing/ Funds**  **Withdrawal**  **Authority** | **Gen. Tax Advice** | **Issue Specific Tax Opinion** | **Firm Serves as Personal Rep./ Executor/**  **Trustee** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

7 **Estate or Trust Type:**

**BT** = Business Trust **C** = Charity or Foundation **E** = Estate **PT** = Personal/Family Trust **RT** = Real Estate Trust **O** = Other\*

(\**Please describe Other Entity Types*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Please indicate which of the following controls are in place for Trusts managed by the firm: a. Audits? YES  NO b. Dual Signatures for Trust Withdrawals? YES  NO c. Court Reports? YES  NO d. Other? (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

24. Is the Firm aware of any serious dispute over asset distribution among Estate Distributees or Trust Beneficiaries, or any situation where an Estate or Trust managed or advised by the firm is currently underfunded or in serious financial distress? YES  NO.

If YES, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Natural Resources (Oil & Gas) |

N/A-*No Revenues*

28. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Oil & Gas Clients: \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_\_

29. Please provide the following information for the Firm’s top 3 Oil & Gas Clients according to annual revenues generated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Name & HQ Location** | **Est. Market Value/Total Assets** | **Industry Sector(s)**  (Please code each Sector)**8** | **Types of Services Provided**  (Please code each service provided)9 | **Years a Firm Client** | **Any Firm Member has Equity in:** | **Total Firm Revs.** |
|  |  |  |  |  | This Client  Key Provider |  |
|  |  |  |  |  | This Client  Key Provider |  |
|  |  |  |  |  | This Client  Key Provider |  |

**8Client Industry Sector:**

**DN** = Downstream Gas & Oil (Refiners, Retailers) **MP**= Midstream Pipelines **MM** = Midstream Marine (Barge/Tanker)

**MO** = Midstream Other (Rail//Truck) **ONR** = Other Natural Resources (*Describe*) **SSM** = Service, Supply, Manufacturing

**UG** = Upstream Gas (Exploration, Development, Production) **UO** = Upstream Oil (Exploration, Development, Production)

**9Types of Professional Services**:

**CD** = Contracts Drafting **EN** = Environmental (OPA 90/Air&Water Permits) **LN** = Liens **LOG** = Loans secured by Oil/Gas Lease

**ML** = Mineral Leases **NORM** = Tech. Enh./Nat. Occur. Radioactive Material Lit. **OGL** = Oil/Gas Lease **PSA** = Purchase/Sale Agr. **RA** = Royalty Agreements **SA** = Seismic Agreements **TO** = Title Opinions **TX** = Taxation **V** = Valuation of Sub. Oil & Gas

30. Does the Firm accept percentages or other financial interests in Oil/Gas/Natural Resources rights or transactions in lieu of professional services fees? Never  Rarely  Frequently.

|  |
| --- |
| Plaintiff-Personal Injury/Class Action/Mass Tort |

N/A-*No Revenues*

31. Est. Annual Revenues Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Plaintiff Cases \_\_\_\_\_\_\_\_ # of Attorneys Involved: \_\_\_\_\_\_

32. Est. number of matters accepted on a referral basis annually from other firms? \_\_\_\_\_\_\_\_ Referred out to Other Firms? \_\_\_\_\_\_\_\_\_\_

# of Matters Declined?\_\_\_\_\_\_\_ # of Matters where firm acts as Local Counsel for Class Action/Mass Tort Cases? \_\_\_\_\_\_\_\_\_\_

33. Please provide the following information for the Firm’s Plaintiff-related practice for the past 12 months, using estimates where exact numbers are not available:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Plaintiff Matter** | **% of Plaintiff Revenues** | **% of Total Plaintiff Cases** | **% of Cases Settled Pre-Trial** | **Average Award or Settlement** | **Maximum Award or Settlement** |
| ***Admiralty*** | % | % | % | $ | $ |
| ***Asbestos/Silica*** | % | % | % | $ | $ |
| ***Automobile/Trucking/ Ground Transportation*** | % | % | % | $ | $ |
| ***Aviation*** | % | % | % | $ | $ |
| ***Class Action/Mass Tort*** | % | % | % | $ | $ |
| ***Labor & Employment*** | % | % | % | $ | $ |
| ***Legal Malpractice*** | % | % | % | $ | $ |
| ***Medical Malpractice*** | % | % | % | $ | $ |
| ***Other Professional Liability (ex. Medical/Legal)*** | % | % | % | $ | $ |
| ***Personal Injury/BI/PD*** | % | % | % | $ | $ |
| ***Product Liability (Pharma or Medical Devices Only)*** | % | % | % | $ | $ |
| ***Product Liability (All Other)*** | % | % | % | $ | $ |
| ***Slip and Fall*** | % | % | % | $ | $ |
| ***Tobacco/Inhaled Consumer Products*** | % | % | % | $ | $ |
| ***Toxic Torts*** | % | % | % | $ | $ |
| ***Workers Compensation*** | % | % | % | $ | $ |
| ***Wrongful Death*** | % | % | % | $ | $ |
| ***Other (****Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_* | % | % | % | $ | $ |

34. Please indicate how often the following practices or procedures are used in the Firm’s Plaintiff practice:

|  |  |  |  |
| --- | --- | --- | --- |
| **Plaintiff Practice Policy or Procedure** | **Frequency/Consistency** | | |
| Never | Sometimes/ Infrequently | Always/Often |
| a. Written Referral Agreements for matters either accepted from or referred to other Law Firms? |  |  |  |
| b. In Person Client meeting with Firm Lawyer prior to New Matter acceptance? |  |  |  |
| c. TV, Radio, Internet/Social Media, Billboard or other types of mass advertisements? |  |  |  |
| d. Written Engagement, Non-Engagement (noting Statute of Limitations or Bar Date), and Termination or Withdrawal Letters? |  |  |  |
| e. Written Documentation of Settlement Offers and Client Decisions? |  |  |  |
| f. Written contract used when firm acts as Local Counsel or Associated Counsel where another law firm is Lead Counsel? |  |  |  |

|  |
| --- |
| Real Estate |

N/A-*No Revenues*

35. Est. Annual Revs. Generated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Est. # of Annual Real Estate Matters \_\_\_\_\_\_\_\_ # of Attys. Involved: \_\_\_\_\_\_\_

36. a. Does anyone in the Firm issue Title Insurance policies or act as a Title Insurance Agent? YES  NO

b. Does anyone in the Firm have ownership in a Title Company or Title Insurance Agency? YES  NO.

c. If YES to 36.b., is coverage desired? YES  NO *NOTE: If coverage is desired for a Title Company or Title Insurance Agency,*

***please complete the Title Insurance Agency Supplement.***

37. If the Firm ever acts as Escrow Agent or holds client funds as part of a real estate transaction or project, how often is the Client Trust Account audited and reconciled?  Monthly  Quarterly  Annually  Less Frequently than Annually

38. a. Does any Firm Member have any business relationship with Real Estate Clients outside of professional services? YES  NO

b. Does the Firm ever accept ownership interests or a percent of transaction/project values in lieu of professional fees? YES  NO

c. Represent more than one party in the same transaction? YES  NO

d. Perform Real Estate Valuation Analysis as part of any real estate project or transaction? YES  NO

If YES to any part of Question 38, please describe *(or add attachment*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

39. Please provide the following information for the Firm’s Real Estate-related practice for the past 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Real Estate Matter** | **Est. % of Real Estate Revenues** | **Estimated Ave. Transaction/Case/Project Value** | **Estimated Max. Transaction/Case/Project Value** |
| ***Commercial Title Search, Opinions, Title Insurance, Other Title Work*** | % | $ | $ |
| ***Commercial Closings-Lender Representation*** | % | $ | $ |
| ***Commercial Closings-Buyer Representation*** | % | $ | $ |
| ***Commercial Closings-Seller Representation*** | % | $ | $ |
| ***Commercial Land Use and Zoning*** | % | $ | $ |
| ***Construction & Mechanic’s Liens*** | % | $ | $ |
| ***Condominiums, Cooperatives, Townhouses (including conversions)*** | % | $ | $ |
| ***Eminent Domain*** | % | $ | $ |
| ***Foreclosures*** | % | $ | $ |
| ***Landlord/Tenant*** | % | $ | $ |
| ***Limited Partnerships, Syndications, Real Estate Investment Trusts*** | % | $ | $ |
| ***Residential Title Search, Opinions, Title Insurance, Other Title Work*** | % | $ | $ |
| ***Residential Closings-Lender Representation*** | % | $ | $ |
| ***Residential Closings-Buyer Representation*** | % | $ | $ |
| ***Residential Closings-Seller Representation*** | % | 4 | $ |
| ***Residential Land Use & Zoning*** | % | $ | $ |
| ***Real Estate Speculation*** | % | $ | $ |
| ***Other Real Estate*** *(Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | % | $ | $ |

***NOTE:*** *Estimated Revenue percentages must Total* ***100%***

|  |
| --- |
| Tax |

N/A-*No Revenues*

40. Est. Annual Revs. Generated: \_\_\_\_\_\_\_\_\_\_\_\_ Est. # of Annual Tax Cases/Matters \_\_\_\_\_\_\_\_ # of Attys Involved: \_\_\_\_\_\_\_\_\_

41. Breakdown of the Firm’s Tax Practice by % of Tax Revenues: a. Individual/Corp./Estate/Trust Tax Return Prep.: \_\_\_\_\_\_% b. Bus. Entity Election/Corp. Formation: \_\_\_\_\_\_% c. Business or Corp. Termination/Liquidation/Bankruptcy: \_\_\_\_\_%

d. Gen. Corp Tax Advice: \_\_\_\_\_% e. Gen. Estate & Trust Tax Advice: \_\_\_\_\_% f. IRS/Admin. Hearings & Appeals: \_\_\_\_\_%

f. Tax Litigation %\_\_\_\_\_\_\_ g. Formal Tax Opinions: \_\_\_\_\_% h. Tax Planning/Asset Preservation \_\_\_\_\_%

k. Tax Avoidance Strategy/Shelters: \_\_\_\_\_% l. Other \_\_\_\_\_% (*Please Describe Other Tax Services*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

42. If applicable, estimated annual # of Tax Returns prepared for: Individuals? \_\_\_\_ Corporations? \_\_\_\_\_ Estates & Trusts? \_\_\_\_

43. In the past 3 years, has the Firm either written or helped to create any Tax Opinion in support of a transaction whose primary purpose was federal tax mitigation, where the amount of tax saved/to be saved was in excess of $250,000? YES  NO.

If YES to the question above, please provide the following information for all such transactions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Transaction Type** | **Estimated Annual # of**  **Transactions** | **Est. Ave. Amount of Tax Savings per Transaction** | **Est. Max. Amount of Tax Savings in any Single Transaction** |
| Use of Grantor Trusts to realize Capital Gains |  | $ | $ |
| Currency Trades & Currency Option Trades to Generate Loss |  | $ | $ |
| Devices to Delay Taxes on Stock Option Gains |  | $ | $ |
| Devices to Offset Gains from the Sale of a Business or Assets |  | $ | $ |
| Use of “Split Dollar” or “Split Premium” Insurance |  | $ | $ |
| “Potentially Abusive Tax Shelters” as term is used by IRS |  | $ | $ |
| Other devices sometimes referred to as “Tax Shelters” |  | $ | $ |

44. During the past 5 years, have any of the following events occurred in relation to the firm’s Tax Practice:

a. IRS has challenged any transaction of the type described above which involved Firm Tax Advice or Opinion? YES  NO b. Firm has been served with IRS Administrative or “Promoter” summons? YES  NO

c. Firm has been the subject of any Federal, State or Local Government proceeding regarding transactions of the type described above? YES  NO

d. Firm has issued both “Reliance” and Marketing opinions in the same transaction? YES  NO

e. Firm has performed work which could result in a designation as a “Material Advisor” with respect to any reportable transaction? YES  NO. *If YES to any part of this question, please describe fully: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| ***Area of Practice Supplement* to LPL Application Notices** |

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

**APPLICANT REPRESENTATIONS AND ASSURANCES:** The undersigned hereby represents to and assures the Company that the information contained in this application is true and correct as of the date this application is executed and that the Company shall be entitled to rely upon this application as the basis of any insurance policy the Company may issue to the applicant firm. The undersigned acknowledges and agrees that the accuracy of the information contained in this application will be material to the decision by the Company to issue any insurance policy to the applicant firm.

The undersigned further represents to and assures the Company that the applicant firm will report to the Company (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts or circumstances which may give rise to a claim.

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY- WARNING**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO LOUISIANA** and **MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any 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 or material thereto, commits a fraudulent insurance act, which is a crime and 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes a claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO 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.

**NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**This application must be signed by an owner, partner or corporate officer. Signing does not bind the applicant or the Company.**

Signature of Owner, Partner or Corporate Officer Date (mm/dd/yyyy)

Print or Type Name/Title

[In States Where Required]

Authorized Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Producer License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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