



**Securities Supplement**

Securities includes all activities involved with or related to the Securities Act of 1933, the Securities Exchange Act of 1934 or the Investment Advisers Act and any state law governing the registration, regulation, or offering of securities. Securities practice also includes advice about, preparation, or registration (state or federal) of securities such as stocks, bonds, or interest in a business. Included in this area are proxy statements, exchanges of securities and insider sales.

**Name of Firm:** \_\_\_\_\_

1. List the names of all attorneys in the Firm who practice in the area of **Securities**:

Name of Attorney	Years of Securities Experience	Advanced Education or Degrees

Please complete a separate attachment for additional attorneys who practice in this area.

2. Gross income derived from securities practice:

a. Last Fiscal Year: \_\_\_\_\_

b. Anticipated Next Fiscal Year: \_\_\_\_\_

3. Do you render opinions about securities offerings?  Yes  No

4. Do you release memos to clients regarding securities offerings?  Yes  No

5. Do you accept stock or any other form of compensation relative to your securities practice in lieu of fees?  Yes  No

6. By separate attachment, describe in detail what steps are taken to satisfy "due diligence" requirement.

7. By separate attachment, provide the following for all securities offerings handled in the past two years.

Description of Security	Type of Offering (Key 1)	Name of Issuer	Amount of Offering	Nature of Client's Business	Registered or Exempt	Who are you representing? (Key 2)	Render an opinion?

**Key 1**

Private Placement: PR	Syndication: S
Public Initial Placement: PIP	Municipal Financing: MF
Public Secondary Placement: PSP	Limited Partnership: LP
Bond: B	

**Key 2**

Issuer : I	Purchaser: P
Underwriter: U	Auditor: A
Lender: L	Other: O (please specify)

**NOTICE TO MAINE 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 may include imprisonment, fines, or a denial of insurance benefits.

The Authorized Person signing below hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application supplement is true and correct and that this application supplement: (i) shall be a material part of the Firm's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date (mm/dd/yyyy)