



If more than one attorney practices in this area, one supplement will suffice.

Name of Firm: _____

1. Please provide the approximate percentage of gross billings over the past year for each of the following areas:
- | | |
|--|------------|
| a. Residential title searches; title opinions and other title work: | a. _____ % |
| b. Commercial title searches; title opinions and other title work: | b. _____ % |
| c. Any opinions rendered on undeveloped and/or vacant land (residential or commercial) | c. _____ % |
| d. Residential Closing: | d. _____ % |
| e. Commercial Closing: | e. _____ % |
| f. Residential Land Use, Zoning: | f. _____ % |
| g. Commercial Land Use, Zoning: | g. _____ % |
| h. Eminent Domain: | h. _____ % |
| i. Syndication/Development: | i. _____ % |
| j. Mineral Rights (sale, transfer, etc): | j. _____ % |
| k. Oil & Gas Title Opinions: | k. _____ % |
| l. Landlord/Tenant: | l. _____ % |
| m. Other: _____ | m. _____ % |
| Total (Must equal 100%): _____ % | |

2. If the Firm performs real estate closings, please answer the following:
- a. Who in the Firm performs real estate closings? Attorney Paralegal Other: _____
- b. Who in the Firm undertakes responsibility for preparing or reviewing closing documents and closing calculations, e.g. preparing settlement statements, determining pro-rations or disbursing settlement proceeds?

- c. Are the real estate closing documents reviewed by an attorney in the Firm? Yes No
- d. Estimated number of closings in the past 12 months? _____
- e. What is the value of largest **commercial** real estate transaction handled by the Firm in the last 5 years? \$ _____
- f. What is the value of largest **residential** real estate transaction handled by the Firm in the last 5 years? \$ _____
3. Does the Firm undertake any aspect of financial or valuation analysis or review of tax ramifications for clients? Yes No
4. Does any attorney in the Firm provide services as Title Insurance Agent? Yes* No
- *If yes, who performs the Title Search?** Attorney Paralegal Outside Title Abstractor Other: _____

Provide the attorney(s) name(s) and provide the percentage of their practice that involves work as a Title Insurance Agent?

5. Does the Firm own a Title Agency? Yes* No
- *If yes, what is the name of the Title Agency?** _____
- Does any Title Insurance Company, or any other entity, have ownership interest in the Title Agency? Yes* No
- *If yes, what is the name of the entity?** _____
- Are all employees of the Title Agency also employees of the Firm? Yes No
- Is the Title Agency located in the same premises as the Named Insured? Yes No
6. Does any title agent or abstractor know of any circumstance, act, error, or omission that could result in a professional liability claim against him/her or the Firm? Yes* No
- *If yes, please complete the Claims Information Supplement**

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) _____