



Real Estate & Sub-Prime Mortgages Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

1. Please provide approximate percentage of gross firm billings for each of the following that describes **your** real estate practice for the last 12 months.

- a. Residential title searches; title opinions and other title work _____%
- b. Commercial title searches; title opinions and other title work _____%
- c. Residential Closings _____% for lender _____% for borrower
- d. Commercial Closings _____% for lender _____% for borrower
- e. Residential Land Use, Zoning _____%
- f. Commercial Land Use, Zoning _____%
- g. Eminent Domain _____%
- h. Title Agent or Title Agency _____%
- i. Other, please describe _____%

2. Please provide the following information for all Attorneys engaged in providing legal services in connection with Real Estate Syndications, Limited Partnerships, Real Estate Trusts or Development Projects in the last five (5) years.

| Name of Attorney | Experience (Yrs.) | (%) of Time Devoted to this Specialty |
|------------------|-------------------|---------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Please list all Real Estate Syndication, Limited Partnerships, Real Estate Investment Trusts or Development projects for which **you** have performed legal services during the past three years. Include a description of services provided.

4. Do **you** or any member of **your** firm have an interest in a Title Agency? *If yes, please provide proof of coverage.* Yes No

5. Is your firm involved in obtaining financing for your client(s) in residential real estate transactions? *If "Yes", please provide details.* Yes No

6. Do **you** provide **Professional Services** to any of the following?

N/A

| | | |
|--|------------------------------|-----------------------------|
| a. Mortgage brokers or mortgage bankers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Real estate agencies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Title Agent or Title Agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Savings and loan associations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Banks or other financial institutions offering residential mortgages | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Real estate appraisal companies or home inspection companies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Real estate investment trusts or mutual funds specializing in subprime lending | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Hedge fund or limited partnerships specializing in subprime lending | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Real estate developers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Sub-Prime Mortgages

- 7. Have any of the above (a-h) been active in **subprime lending** or loans to **subprime borrowers**? *If "Yes", please provide a narrative.* Yes No
- 8. Do you provide services in respect to mortgage-related securities / derivatives? Yes No
- 9. As part of **your** practice, have **you** provided advice on investments in Collateralized Mortgage Obligations, Collateralized Debt Obligations, Real Estate Investment Trusts, Mutual Funds, Hedge Funds, or Limited Partnerships specializing in **subprime mortgages**? Yes No

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

Signature of Applicant _____
Title _____
Date
 (Must be signed by a Managing Partner or Officer of the Firm)