



**LAWYERS PROFESSIONAL LIABILITY
ENTERTAINMENT SUPPLEMENT**

Name of Firm: _____

1. Provide the following for your Entertainment clients in the past Twelve (12) months.

| Type of Client | Number of Clients | Percentage of Fees | Clients |
|------------------------|-------------------|--------------------|---------|
| Journalism | | | |
| Motion Pictures | | | |
| Music Industry | | | |
| Musicians / Performers | | | |
| Product Representation | | | |
| Publishing | | | |
| Radio | | | |
| Sports | | | |
| Television | | | |
| Theater | | | |
| Other (Specify): | | | |

If additional space is needed, provide by attachment.

2. With respect to any Entertainment client, within the past six (6) years, has any member of the firm or any predecessor firm:

- a. Acted as a business manager? Yes No
- b. Acted as an Agent? Yes No
- c. Made or recommended any financial investments? Yes No
- d. Controlled any assets? Yes No
- e. Arranged any financing any project or venture? Yes No
- f. Negotiated any contract? Yes No

If "Yes", provide detail by attachment.

3. Are engagement letters provided to all Entertainment clients? Yes No

4. Does the applicant accept a percentage of profits/billings in lieu of fees? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Entertainment Application shall be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date



**LAWYERS PROFESSIONAL LIABILITY
SECURITIES SUPPLEMENT**

1. List the names of all lawyers engaged in securities and/or securities related practice (including tax and corporate services for such) during the past six (6) years:

| Name | Practice Specialty | Years in this Specialty | Percentage of Time Billed for the Past Twelve (12) months | Average Annual Percentage of time for the Past Six (6) Years |
|------|--------------------|-------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |

2. Gross revenue derived from securities and /or securities related practice:

| Type | Gross Revenue: Past Twelve (12) Months | Number Transactions For the Past Twelve (12) Months | Highest Annual Revenue for the Past Six (6) years | Total Number of Transactions for the Past Six (6) years |
|------------------------------|--|---|---|---|
| Bonds | | | | |
| Derivatives | | | | |
| General or Ltd. Partnerships | | | | |
| Hedge Funds | | | | |
| IPO | | | | |
| Mergers & Acquisitions | | | | |
| Private Placements | | | | |
| Other (Specify): | | | | |

3. Does the firm accept securities in lieu of fees as payment for services rendered involving securities-related transactions? (If Yes, provide details). Yes No

4. List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past six (6) years:

| Year | Client | Industry | Type of Representation (list all that apply) | Size of Offering | Primary (P) or Secondary (S) | Taken Up or Not | Type of Transaction |
|------|--------|----------|--|------------------|------------------------------|-----------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

5. Other than primary and secondary offerings, describe in detail any other work involving securities practice:

6. By attachment, describe in detail what steps are taken to satisfy the due diligence requirements under Section 11 of the Securities Act of 1933.

7. Does the firm provide investment counselor services or render tax opinions in connection with the transactions handled? (If Yes, provide details). Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this Securities Supplement will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Name of Applicant / Insured Firm

Signature of Partner, Officer or Owner

Date