

## Corporate Formation/ Alteration Supplement

N/A

- |   |     |    |
|---|-----|----|
| 1. Are you employed (full time), General Counsel or Regulatory Counsel by the corporation?  | Yes | No |
| 2. Are you providing any Securities or Mergers & Acquisitions advice? If SEC or M&A advice is being provided, please complete the SEC and/or M&A supplements. | Yes | No |
| 3. Are you forming General Partnerships/Limited Partnerships/Limited Liability Partnerships or Limited Liability Corporations?                                | Yes | No |
| 4. Has the firm represented any public corporations?  | Yes | No |
| (a) If "Yes", what were the firm's gross billings?  |     |    |
| (b) If private, how many partner(s)/investor(s) are involved.<br>What is the amount of the capital raised by each partner(s)/Investor(s)?                     |     |    |
| 5. Is the corporation "for profit" or "not for profit"?   | Yes | No |
| 6. Do you refer any of your corporate work to another firm?   | Yes | No |
| If so, do you verify that firm has E&O insurance?   | Yes | No |
| 7. Is the scope of your representation defined in writing and signed by the client?   | Yes | No |

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

### Sign and date in ink

Signature:

Title:

Date:

Printed Name:

Name of firm: