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	James River Insurance Company	Securities Supplemental Application - Lawyers
JAMES RIVER GROUP	7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	PROFESSIONAL LIABILITY Division
		Email to <u>PL@jamesriverins.com</u> or, Fax to 804-287-2816
 APPLICANT'S INSTRUCTIONS: 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 		
SECURITIES SUPPLEMENTAL APPLICATION - LAWYERS		
If more than one attorney practices in this area, one supplement will suffice.		
Name of Applicant Firm:		
Securities (SEC) 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 or regulation of securities. Securities practice also includes advice about or 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.		
1. List the names of all lawyers NAME	engaged in securities practice:	Years in this Specialty
	·····	
2. Gross income derived from securities practice:		
Last 12 months:		ext 12 months:
3. Indicate if your firm has acted in any of the capacities listed below during the past two years and the estimated allocation of during the past year.		
a. 🗌 Bond Counsel		%
b. Private placement o For: Unde		curity Holders
c. Public offerings of securities registered under the Securities Act of 1933% For: Underwriters Issuers Security Holders		
d. Dublic offerings of se Act of 1933	ecurities exempt from registration und	er the Securities %
	ndary offerings, describe in detail any	
5. Describe in detail what steps of the Securities Act of 1933	are taken to satisfy the "due diligenc by attachment.	e" requirements under Section 11
6. List all securities offerings, private placements and limited partnerships handled in the past two years by attachment. Include the Client Name, Industry, the type of offering, the status of the offering and the type of transaction.		
The undersigned represents that the statements set forth herein are true, compete and accurate and that there has been no attempt at suppression or misstatement of any material facts known or should be known, and agrees that this Supplemental Application shall become the basis of any coverage and a part of any policy that may be issued by James River Insurance Company.		
Applicant Signature	Title	Date