#### PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS

#### REAL ESTATE AREA OF PRACTICE SUPPLEMENT

1. For the firm's Real Estate practice, please complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Type of Representation | B. **Percentage of Practice** | C. **Number of Cases Per Year** | D. **Average Real****Estate Value** | E. **Largest Real**Estate Value |
| Commercial Real Estate |
| Closings |       |       |       |       |
| Development |       |       |       |       |
| Foreclosures |       |       |       |       |
| Land Use |       |       |       |       |
| Leases |       |       |       |       |
| Limited Partnerships |       |       |       |       |
| New Construction |       |       |       |       |
| Syndications |       |       |       |       |
| Title Searches / Opinions |       |       |       |       |
| Other: |       |       |       |       |
| Residential Real Estate |
| Closings |       |       |       |       |
| Foreclosures |       |       |       |       |
| Land Use |       |       |       |       |
| Leases |       |       |       |       |
| New Construction |       |       |       |       |
| Title Searches / Opinions |       |       |       |       |
| Other: |       |       |       |       |

1. Does the firm review for potential environmental concerns? Yes [ ]  No [ ]
2. If Yes, does the firm provide findings in a written report, including any limitations? Yes [ ]  No [ ]
3. If No, are clients advised to seek an independent environmental evaluation? Yes [ ]  No [ ]
4. Does the firm provide an engagement letter, for each representation, that clearly defines the scope

 of representation? Yes [ ]  No [ ]

During the last six (6) years, has the firm or any attorney proposed for this insurance been involved in Real Estate Syndications, or the formation of Limited Partnerships? If yes, please explain. 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 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.**

Name of Applicant Firm Signature of Owner, Officer or Partner Date