

LAWYERS PROFESSIONAL LIABILITY Oil, Gas, and Mining Supplement

1. Name of Applicant or Insured: _____
2. How many attorneys in the firm practice in this area? _____
3. List each attorney who has handled Oil, Gas, and/or Mining work in the past five (5) years:

| Attorney Name | Years of Experience in Area | % of Annual Billable Hours |
|---------------|-----------------------------|----------------------------|
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4. Briefly describe the Oil, Gas, and/or Mining work handled by the firm:

5. Please list all of **your** Oil, Gas, and/or Mining clients in the past five (5) years:

| Client Name | Oil (O), Gas (G), and/or Mining (M) | Type of Client (ex. Corporation, Private Owner, Investor, etc.) | Annual Billable Hours |
|-------------|-------------------------------------|---|-----------------------|
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6. Do any of **you** provide services to any clients in which any of **you** have an ownership interest (if "YES" describe)? Yes ___ No ___
 - a. Describe: _____

7. Do **you** perform Title Searches for any Oil, Gas, or Mining clients? Yes ___ No ___
 - a. If "YES" for what percent of clients? _____%

Signature of Applicant: _____ Date: _____