

## LAWYERS PROFESSIONAL LIABILITY Real Estate Supplement

1. Name of Applicant or Insured: \_\_\_\_\_
2. How many attorneys in the firm practice in this area? \_\_\_\_\_
3. Do **you** use an engagement letter defining the scope of representation?    Yes \_\_\_    No \_\_\_
4. Please complete the following regarding **your** Residential Real Estate practice:

| Type of Representation    | % of Total Real Estate Practice | Number of Matters per Year | Average Real Estate Value (\$) | Largest Real Estate Value (\$) |
|---------------------------|---------------------------------|----------------------------|--------------------------------|--------------------------------|
| Closings                  |                                 |                            |                                |                                |
| Construction/Development  |                                 |                            |                                |                                |
| Financing                 |                                 |                            |                                |                                |
| Foreclosures*             |                                 |                            |                                |                                |
| Leases                    |                                 |                            |                                |                                |
| Limited Partnerships      |                                 |                            |                                |                                |
| Syndications              |                                 |                            |                                |                                |
| Title Searches/Opinions** |                                 |                            |                                |                                |
| Zoning/Land Use           |                                 |                            |                                |                                |
| Other:                    |                                 |                            |                                |                                |

\*For any Foreclosure practice, please also complete the **Collections Supplement**  
 \*\*For any Title related practice, please also complete the **Title Agents Supplement**

5. Please complete the following regarding **your** Commercial Real Estate practice:

| Type of Representation    | % of Total Real Estate Practice | Number of Matters per Year | Average Real Estate Value (\$) | Largest Real Estate Value (\$) |
|---------------------------|---------------------------------|----------------------------|--------------------------------|--------------------------------|
| Closings                  |                                 |                            |                                |                                |
| Construction/Development  |                                 |                            |                                |                                |
| Financing                 |                                 |                            |                                |                                |
| Foreclosures*             |                                 |                            |                                |                                |
| Leases                    |                                 |                            |                                |                                |
| Limited Partnerships      |                                 |                            |                                |                                |
| Syndications              |                                 |                            |                                |                                |
| Title Searches/Opinions** |                                 |                            |                                |                                |
| Zoning/Land Use           |                                 |                            |                                |                                |
| Other:                    |                                 |                            |                                |                                |

\*For any Foreclosure practice, please also complete the **Collections Supplement**  
 \*\*For any Title related practice, please also complete the **Title Agents Supplement**

6. Describe any Financing work the firm has done in the past five (5) years, including the average value and the three (3) largest values of any financing worked on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average Value: \$ \_\_\_\_\_  
Largest Values: 1. \_\_\_\_\_ 2. \$ \_\_\_\_\_ 3. \$ \_\_\_\_\_

7. Does the firm act in a dual capacity in the same real estate transaction? Yes \_\_\_ No \_\_\_  
a. If "YES" is a disclosure form signed by both parties always used? Yes \_\_\_ No \_\_\_

8. Do **you** refer clients to other attorneys or entities for real estate matters? Yes \_\_\_ No \_\_\_  
a. If "YES" describe, including the referral compensation structure:

\_\_\_\_\_  
\_\_\_\_\_

9. Do **you** provide any review for potential environmental concerns (If "YES" please also complete the **Environmental Supplement**)? Yes \_\_\_ No \_\_\_

a. If "YES" do **you** provide your findings in a written report, including any limitations? Yes \_\_\_ No \_\_\_

b. If "NO" do **you** advise clients, in writing, to seek an independent environmental evaluation? Yes \_\_\_ No \_\_\_

10. In the past five (5) years, have any of **you**, including any attorney listed in Q.10. of the application, been involved in or provided services to any clients involved in Real Estate Syndications, Real Estate Investments Trusts (REITs), or the formation of any Limited Partnership(s)? Yes \_\_\_ No \_\_\_

a. If "YES" describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Regarding **your** Real Estate clients, do any of **you**, including any of the attorneys listed in Q.10. of the application (if "YES" please provide a detailed description below):

a. Have any authority to disburse funds? Yes \_\_\_ No \_\_\_

b. Have any business relationship other than rendering legal services? Yes \_\_\_ No \_\_\_

c. Accept any % of a transaction as payment in lieu of legal fees? Yes \_\_\_ No \_\_\_

d. Provide services to clients involved in subprime lending/borrowing? Yes \_\_\_ No \_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_