

LAWYERS PROFESSIONAL LIABILITY Tax Supplement

1. Name of Applicant or Insured: _____
2. How many attorneys in the firm practice in this area? _____
3. Average number of clients/cases handled per attorney in the past 12 months? _____

4. For each attorney that practices in the area of Individual or Estate Tax, please complete the following:

Attorney Name	Years in Practice	Tax LLM (Y/N)	CPA (Y/N)	# of Tax Clients/Files	Average Value (\$)	Highest Value (\$)	Services Provided

5. For each attorney that practices in the area of Corporate Tax, please complete the following:

Attorney Name	Years in Practice	Tax LLM (Y/N)	CPA (Y/N)	# of Tax Clients/Files	Average Value (\$)	Highest Value (\$)	Services Provided

6. Do **you** use engagement letters that clearly define the scope of services? Yes ___ No ___
7. Do **you** have procedures in place to ensure that all attorneys practicing in the area of Tax remain current and up to date with all changes to the tax code? Yes ___ No ___
8. In the past five (5) years, has/have any of **you** (if "YES" describe below):
 - a. Been served with an administrative summons by the IRS? Yes ___ No ___
 - b. Been involved in a tax matter with tax savings over \$1 million? Yes ___ No ___
 - c. Been the subject of any government tax proceeding, IRS inquiry, audit, or investigation? Yes ___ No ___
 - d. Participated in or provided any tax advice in any transaction that was challenged by the IRS? Yes ___ No ___

Signature of Applicant: _____ Date: _____