



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**OIL AND GAS SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. Provide the following information in respect to work undertaken in the field of oil and gas in the last five years:

Name of Attorney	Years Experience	Percentage of Time Devoted Per Year

2. Provide a list of the firm's oil and gas clients:

Name of Client	Type of Business	Type of Client	Gross Billable Dollars

(e.g., private owner, corporation, multi-investor, etc.)

3. Does any member of the firm provide services in the areas of oil and gas in which they have..... Yes No
any ownership interest?

If "yes," provide details: _____

4. Are title searches performed in conjunction with oil and gas and related areas of practice? Yes No
If "yes," what percentage? _____%

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant Title Date
(Must be signed by Managing Partner or Officer of the Firm)