



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

**REAL ESTATE SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. Please provide approximate percentage of gross firm billings for each of the following that describes **your** real estate practice for the last twelve (12) months.
 - a. Residential title searches; title opinions and other title work %
 - b. Commercial title searches; title opinions and other title work %
 - c. Residential Closings % for lender % for borrower
 - d. Commercial Closings % for lender % for borrower
 - e. Residential Land Use/Zoning %
 - f. Commercial Land Use/Zoning %
 - g. Eminent Domain %
 - h. Other, please describe: _____ %

2. Please provide the following information for all Attorneys engaged in providing legal services in connection with Real Estate Syndications, Limited Partnerships, Real Estate Trusts or Development Projects in the last five years.

Name of Attorney	Years of Experience	Percentage of Time Devoted to this Specialty

3. Please list all Real Estate Syndication, Limited Partnerships, Real Estate Trusts or Development projects for which the firm has performed legal services during the past three years. Include a description of services provided.

4. Does the Applicant or any member have an interest in a Title Agency? Yes No
If yes, please provide proof of coverage.

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
(Must be signed by Managing Partner or Officer of the Firm)

Title

Date