

- Capitol Indemnity Corporation
- Capitol Specialty Insurance Corporation

Area of Practice Supplement

Applicant Name:	
	(Proposed First Named Insured)

Complete only those sections applicable to Applicant Firm's Areas of Practice

BANKING / FINANCIAL INSTITUTIONS

1.	Indicate the type(s) of legal services rendered to Applicant's Financial Institution clients: <input type="checkbox"/> Fidelity Bond Claims <input type="checkbox"/> General Counsel <input type="checkbox"/> Loan Closing <input type="checkbox"/> Loan Documentation <input type="checkbox"/> Regulatory Counsel <input type="checkbox"/> SEC Counsel <input type="checkbox"/> Stock Offering	
2.	Matters relating to professional services on behalf of a savings and loan, bank, credit union, mortgage company, insurance company (not including insurance defense) in the past 5 years.	
	Financial Institution:	Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Attorney Name:	If yes, % of Ownership: %
	Nature of work provided:	Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Committee:

COLLECTIONS

1.	How many lawyers in the firm practice in this area?	
2.	How many support staff assist in this area?	
3.	How many collections cases are handled per year?	
4.	Percentage of each:	
	Consumer collections:	%
	Commercial collections:	%
	Mortgage foreclosures:	%
5.	What is the average value of all collection cases?	
6.	Have all form letters and other correspondence been reviewed for compliance with all federal and state statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does an attorney review each matter prior to sending out collection letters on the matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you retain copies of all letters? If yes, <input type="checkbox"/> Hard copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> electronic evidence of letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is the Applicant firm attempting to collect debts via telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the Applicant firm require use of a script, which has been reviewed for compliance with Fair Debt Collection Practices Act and applicable state laws when collecting debts via telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Describe the method by which the Applicant firm supervises all non-lawyer personnel working in this area of practice:	
12.	Does any attorney in the Applicant firm have ownership in or involvement as a director or officer of a separate collections agency or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you, or any entity affiliated with you, or any member of the firm, purchase any debt? If yes, to whose name is it collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does the Applicant firm allow any third party the use of their letterhead?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTERTAINMENT / SPORTS

1.	Please list Client information below. If you need more space, please add attachment.			
	Client Name	Field of Entertainment	Type(s) of Services Provided	Dates of Services Provided
				Currently a Client
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you have a business relationship with any entertainment client, other than providing legal services?			
3.	Do you have authority to write checks for any entertainment client?			
4.	Do you provide investment advice to any entertainment client?			

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5.	Do you make investments for any entertainment client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you or have you ever served as a trustee of an entertainment client's trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you negotiate the financing or distribution of entertainment productions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you negotiate personal appearances of product endorsements for any entertainment client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you, or any entity that you control, serve as manager or talent agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you ever accept percentages of business transactions as compensation for legal services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you ever accept compensation in kind (e.g. copyrights) in return for legal services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Do your procedures and conflict of interest system also apply to entertainment clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENVIRONMENTAL

1.	Within the past five (5) years, how many environmental opinion letters have you issued?	
2.	Within the past five (5) years, have any of your former or current clients been involved in any way in any of the following?	
	a. Polluted or contaminated properties where the clean-up costs did or could exceed \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Property that was or is on the National Priority List or any similar state priority list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Named as a Responsible Party or Potentially Responsible Party to a polluted or contaminated site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Sale, purchase, or lease of any property having known pollution, contamination, or other environmental problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Any "Brownfield"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to any part of this question, please provide details:	

INTELLECTUAL PROPERTY

1.	Area of Practice:	
	Intellectual Property Litigation:	%
	Domestic Patent Prosecution:	%
	Foreign Patent Prosecution:	%
	Patent Infringement Counseling:	%
	Patent Searches / Filings:	%
	Trademark / Copyright Registration & Licensing:	%
	Other, please describe:	%
	Total:	100%
2.	Industry Areas:	
	Biotechnical:	%
	Chemical:	%
	Computer (including hardware, software, semi-conductors):	%
	Electric (other than computer):	%
	Industrial:	%
	Mechanical:	%
	Pharmaceutical:	%
	Other, please describe:	%
	Total:	100%

Please answer the questions below only if the firm does any percentage of Domestic or Foreign Patent Prosecution or Patent Searches and Filings.

3.	Patent Searches	
	a. When undertaking a patent search, is it the policy and practice of the Applicant firm to set forth in an engagement letter the nature, scope and limitation of a proposed patent search?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Does the firm engage the services of third parties to carry out patent searches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. When rendering an opinion letter as to the results of a patent search, is it the policy and practice of the Applicant firm to qualify the opinion by reference to the nature, scope and limitations of the search conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Foreign Patents	
	a. For foreign patent filings, is the client made aware of the limited timeframe of these filings and the additional requirements necessary to complete the filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Are foreign patents handled by a separate unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Does the firm engage associate counsel in their foreign patent work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, for what percentage of the Applicant firm's patents practice?	%
	If greater than ten percent (10%), please explain steps taken to monitor work of the associate counsel:	
5.	Payment Procedures	
	a. Is the Applicant firm's responsibility for payment of maintenance fees, taxes, or annuities clearly stated in the engagement letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If the client is responsible, or if authorization is necessary, are notices of required payments sent well in advance of the due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is the system for sending such notices computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. What calendar or docketing system is employed by the firm to record, monitor, and comply with filing deadlines and other time limitations in connection with securing patents?	

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- e. What policy and practice does the Applicant firm follow to ensure that clients are notified of all such deadlines and other time limitations?
6. For each attorney in the Applicant firm that has provided Intellectual Property services in the past 5 years, please complete the following information as it applies to Intellectual Property::

Attorney Name	Member of Patent Bar?	# of Years Experience	% of Time Spent in Billable Hours
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		%

PLAINTIFF

1. Provide the percentage of BI/PI Plaintiff Cases and total number of BI/PI Plaintiff Cases:

BI/PI Plaintiff Category	% of Cases	# of Cases	Average Dollar Value of Cases	Maximum Dollar Value of Case
Automobile:	%			
Class Action / Mass Tort:	%			
Legal Malpractice:	%			
Medical Malpractice:	%			
Product Liability:	%			
Slip & Fall:	%			
Other, please describe:	%			
Total:	100%			

2. Percentage of cases (must equal 100%):

Settled before Trial:	%
Tried to conclusion:	%
Total:	100%

3. Cases referred out to other law firms:

Type of Case	%
	%
	%
	%
	%
	%
	%
	%

4. Cases referred to Applicant firm from other law firms:

Type of Case	%
	%
	%
	%
	%
	%
	%
	%

5. Describe the Applicant firm's procedure for tracking Statute of Limitations on each Plaintiff case:

REAL ESTATE

Area of Practice	%	Total # of Transactions	Average Value	Maximum Value
Development:	%			
Foreclosures:	%			
Landlord / Tenant:	%			
Litigation (non-foreclosure):	%			
Mortgages / Refinancing / Loan Workouts:	%			
Municipal Zoning / Tax Appeals:	%			
Purchase / Sale – Commercial:	%			
Purchase / Sale – Residential:	%			
Title Searches / Document Preparation:	%			
Other, please describe:	%			

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SECURITIES

1.	Gross revenue derived from securities:							
		Past Twelve (12) Months			Past Five (5) Years			
	Type	Gross Revenue	Total # of Transactions	Highest Annual Revenue	Total # of Transactions			
	Bond:							
	Derivatives:							
	General / Limited Partnerships:							
	Hedge Funds:							
	IPO:							
	Mergers / Acquisitions:							
	Private Placements:							
	Other, please describe:							
2.	Does the Applicant firm accept securities in lieu of fees as payment for services rendered involving securities-related transactions?							<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:							
3.	List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past six (6) years:							
	Year	Client	Industry	Type of Representation	Size of Offering	Primary (P) / Secondary (S)	Taken up or Not	Type of Transaction
4.	Other than primary and secondary offerings, describe in detail any other work involving securities practice:							
5.	By attachment, please describe in detail what steps are taken to satisfy due diligence requirements under Section II of the Securities Act of 1933.							
6.	Does the Applicant firm provide investment counsel or services or render tax opinions in connection with the transactions handled?							<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE LAWYERS PROFESSIONAL LIABILITY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.

Signature of authorized representative of Applicant	Title
Type / Print name of authorized representative	Date