



Administered by:  
Lockton Risk Services, Inc.  
1-866-871-4996

**REAL ESTATE DEVELOPMENT  
SUPPLEMENTAL APPLICATION**

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

**APPLICANT FIRM:**

**1. Firm's Real Estate Lawyers** - Please provide the following:

- a. What is the average collective number of years of Real Estate specific legal experience for those real estate lawyers who currently are associated with the Applicant firm?
- b. Relative to those lawyers contemplated in the above question, what approximate percentage of their collective total annual billable hours, on average, are spent on real estate related matters?      %
- c. How many real estate lawyers have left the Applicant firm within the past twelve (12) months?

**2. Firm's Commercial Real Estate Clients** - Relative to the Applicant firm's current commercial real estate clients, please indicate the approximate total number of clients that would fit into each of the following categories:

Client Type	Number of Years Client has been in Operation	Length in Years of Firm's Relationship with Client
_____ Real Estate Developers	_____ Less than 1	_____ Less than 1
_____ Real Estate General Partnerships	_____ 1 to 5	_____ 1 to 5
_____ Real Estate Limited Partnerships	_____ 5 or More	_____ 5 or More
_____ Real Estate Joint Ventures		

**3. On how many of the following has the Applicant firm provided any kind of legal service or advice to anyone at any time during the past two years? (Please indicate a number next to each item. If the answer is "None" for a particular item, please enter a "0".)**

- \_\_\_\_\_ Commercial Real Estate Purchases or Sales
- \_\_\_\_\_ Commercial Real Estate Loans or Financing
- \_\_\_\_\_ Commercial Real Estate Start-Up Development Projects

**4. Dual or Multiple Representations** - Check each box below if, at any time during the past two (2) years, the Applicant firm has have represented or provided any kind of legal service to any of the dual or multiple parties shown below, relative to the same basic real estate matter or transaction. Please attach a detailed description relative to each box that is checked, including a description of any actions taken to address any potential conflict of interest issues or exposures.

- Dual or multiple investors, owners, partners or joint ventures       Developer and Lender
- General Partner and Limited Partner       Lessor and Lessee
- Contractor and Developer

5. During the past two (2) years, have any of the following situations occurred? Please attach a detailed description relative to any "Yes" answer. Has the Applicant firm:

a. Provided any legal service, or other service to any past or present client, or on any commercial land or property or development project, that has gone into, or become the subject of, any kind of litigation involving buyer, seller, or lender, or any foreclosure, sheriff's sale, receivership, trusteeship, liquidation, or any voluntary or involuntary bankruptcy proceeding?  Yes  No

b. Performed any service or rendered any advice or any opinion relative to any financial, economic, appraisal or valuation analysis or opinion for a client or any other party?  Yes  No

c. Accepted compensation for legal or other services on the basis of a commission or percentage of the dollar value or sale price of any transaction?  Yes  No

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)