



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

**BUSINESS RELATED ACTIVITIES  
SUPPLEMENTAL APPLICATION**

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if Applicant answered Yes to Section II, Firm's Practice, Question 3.a. in the main application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

**APPLICANT FIRM:**

1. **Discretionary investment authority over client funds (except for wills and trusts):**  Not Applicable
  - a. What are the dollar amounts involved? \$
  - b. What is the duration in time that an attorney has acted in this capacity for each specific client?
  - c. Is the investment authority at the attorney's discretion or are there specific, limiting (written) criteria to which the attorney must adhere? If written criteria, please attach a sample.  Discretion  Written
2. **Due diligence on behalf of a prospective buyer of a business:**  Not Applicable
  - a. Please explain what activities the attorney has performed in this regard.
  - b. Has the attorney limited the scope of his/her due diligence services in writing via engagement letter or otherwise?  Yes  No
  - c. Has the attorney's due diligence activity involved investment valuation or opinions regarding valuation?  Yes  No
3. **Drafting or negotiation of terms of a buy-sell agreement involving cash or stock, relative to the purchase of any business, corporate stock or assets or any commercial property or real estate, where the values involved were \$5,000,000 or more:**  Not Applicable
  - a. Did the firm negotiate and draft the terms of the buy-sell agreement?  Yes  No
  - b. Was the other party to the sale represented by their own independent counsel?  Yes  No
  - c. Was the firm responsible for arranging any financing or loans involved in the buy-sell agreement?  Yes  No
4. **Acceptance by the Applicant firm of compensation on a commission basis or based on dollar value of sale.**  Not Applicable
  - a. Describe the details of the arrangement by which compensation will be provided to the firm on this basis.
  - b. How many times has the firm accepted this form of compensation in the past twelve (12) months?
  - c. Does the firm have internal guidelines concerning the acceptance of compensation on this basis?  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)