



LAWYERS PROFESSIONAL LIABILITY INSURANCE REAL ESTATE SUPPLEMENT

Medmarc Casualty Insurance Company • 4795 Meadow Wood Lane • Suite 335 West • Chantilly, VA 20151-2219 • 800.356.6886 • 703.652.1300

Please complete this supplement if any lawyer listed on the application shows a percentage in the Real Estate area of practice.

Name of Applicant Firm:

1. Provide the following regarding the firm's real estate practice.

| Type of Representation | Percentage of Practice | Number of Cases Per Year | Average Real Estate Value (past 24 months) | Largest Real Estate Value (past 24 months) |
|---------------------------|------------------------------|--------------------------------|--|---|
| Commercial Real Estate | | | | • |
| Closings | | | | |
| Development | | | | |
| Foreclosures | | | | |
| Land Use | | | | |
| Leases | | | | |
| Limited Partnerships | | | | |
| New Construction | | | | |
| Syndications | | | | |
| Title Searches / Opinions | | | | |
| Other: | | | | |
| Residential Real Estate | | | | |
| Closings | | | | |
| Foreclosures | | | | |
| Land Use | | | | |
| Leases | | | | |
| New Construction | | | | |
| Title Searches / Opinions | | | | |
| Other: | | | | |

2. For those lawyers practicing in residential real estate, indicate the average number of transactions per month for the past year____

3. For those lawyers practicing in commercial real estate, indicate the average number of transactions per month for the past year_____

| 4. | Do | es the firm review real estate transactions for potential environmental concerns? | |
|----|----|--|--|
| | a. | If yes, does the firm provide findings in a written report, including any limitations? | |
| | b. | If no, are clients advised to seek an independent environmental evaluation? | |

| 5. | Does the firm provide an engagement letter, for each representation, that clearly defines the scope of representation? | Yes | No 🗌 |
|------|--|--------|------|
| 6. | During the last five (5) years, has the firm or any lawyer proposed for this insurance been involved in Real Estate Syndications or the formation of Limited Partnerships? If yes: | Yes 🗌 | No 🗌 |
| | a. Please explain: | | |
| | b. List percentage of gross billings for the last year derived from: Limited Partnerships% Syndication Offer | rings% | 6 |
| 7. | Is anyone in the firm involved in Speculative Real Estate? (Speculative real estate means representation of developers or principals in their endeavors to attract investors. Services include the preparation of promotional documents, procuring potential investors on behalf of the developer or principal, and similar services.) | | No 🗌 |
| 8. | Does anyone in the firm have a business relationship with real estate clients other than the rendering of legal services? If yes, please explain: | Yes | No 🗌 |
| 9. | Does anyone in the firm hold a real estate broker license? | Yes 🗌 | No 🗌 |
| 10. | Average years experience in the area of real estate for all lawyers in firm | | |
| 11. | Has anyone in the firm represented both buyer and seller in a real estate transaction? | Yes 🗌 | No 🗌 |
| 12. | Does any lawyer in the firm perform "witness only" closings? | Yes | No 🗌 |
| 13. | Does any lawyer in the firm act as a title agent? If yes, answer the following questions: | Yes 🗌 | No 🗌 |
| | a. What is the total number of title insurance policies issued in the past 12 months? | | |
| | b. What is the total commission income from all title policies issued in the past 12 months? | | |
| | c. After inquiry of each lawyer proposed for this insurance, is the undersigned aware of any defect in title that was not reported in a title insurance policy issued by the firm? | Yes 🗌 | No 🗌 |
| | d. After inquiry of each lawyer proposed for this insurance, is the undersigned aware of any demand, claim or suit may within the past five years against the firm under a title insurance policy issued by the firm? | | No 🗌 |
| or 1 | e undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no a misstatement of any material facts known, or which should have been known, and agrees that this application will be in coverage that may be issued by the Company. | | |
| Sig | nature of Partner, Officer or Owner of Applicant Firm: Date: | | |