



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Securities Supplement

Securities practice includes services rendered in connection with a securities transaction implicating or related to the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act, or any state law governing the registration, regulation, or offering of securities. Please complete this Securities Supplement if your securities practice involves: (i) any single securities offering of \$1 Million or more during any 12-month period; or (ii) any securities offering to more than 5 accredited or non-accredited investors. *Do not complete this Securities Supplement if your securities practice is limited to securities offerings of less than \$1 Million to five or fewer accredited investors in connection with the formation and organization of a new business entity.* Please classify these latter activities under the corporate/business area of practice.

**Name of Firm:** \_\_\_\_\_

1. List all attorneys in Firm whose practice includes Securities (attach separate sheet if necessary to list all Securities attorneys):

Name of Attorney	Years of Securities Experience

2. Total Firm revenue derived from securities practice:

a. Last Calendar Year: \_\_\_\_\_

b. Anticipated Next Calendar Year: \_\_\_\_\_

3. Have you issued or expressed an opinion or memorandum in connection with any securities transaction? ☐ Yes ☐ No
4. Do you utilize procedures for "cold review" of opinions, memoranda, and other formal legal advice to ensure a qualified attorney disinterested in the securities transaction reviews your work product? ☐ Yes ☐ No
5. Have you accepted as compensation, in lieu of fees, any client securities in connection with securities transactions? ☐ Yes ☐ No
6. Are you aware of any past or pending litigation in connection with any securities transaction in which the Firm rendered professional services? ☐ Yes ☐ No
7. Are you aware of any violation or non-compliance by any client of the Firm of any federal or state securities laws, rules, or regulations in connection with a securities transaction? ☐ Yes ☐ No
8. Has any member of the Firm ever been the subject of any investigation by the SEC, CFTC, or any other federal or state agency or regulatory body in connection with a securities transaction? ☐ Yes ☐ No
9. Has any member of the Firm ever been involved in a dispute regarding a matter of disclosure in connection with a securities transaction? ☐ Yes ☐ No
10. Has the Firm engaged in any other securities-related matters not otherwise addressed in this Securities Supplement? ☐ Yes ☐ No
11. By separate attachment, describe in detail what steps are taken to satisfy "due diligence" requirement.
12. By separate attachment, provide the following for all securities transactions handled in the past two years.

Description of Security	Type of Offering (See Key 1)	Name of Issuer	Nature of Issuer's Business	Amount of Offering	Registered Offering or Exempt	If Exempt, Basis of Exemption	Who Did Firm Represent (See Key 2)	Did Firm Issue or Express an Opinion
-------------------------	---------------------------------	----------------	-----------------------------	--------------------	-------------------------------	-------------------------------	---------------------------------------	--------------------------------------

### Key 1

Private Placement: PR	Syndication: S
Public Initial Placement: PIP	Government Bonds/ Municipal Financing: MF
Public Secondary Placement: PSP	Limited Partnership: LP
Corporate Bonds: CB	

### Key 2

Issuer: I	Purchaser: P
Underwriter: U	Auditor: A
Lender: L	Other: O (please specify)

The Authorized Person signing below hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application supplement is true and correct and that this application supplement: (i) shall be a material part of the Firm's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

Signature of Authorized Person  
SECS (01-21)

Date (mm/dd/yyyy)  
Page 1 of 1