

APPENDIX 9

SHAREHOLDING/D&O

1. Name of firm: (from question 1 of the application)

2. On a separate sheet, please provide the following information for all Attorneys who held the position of director, officer, partner, trustee, principal, stockholder, or employee of any client at any time in the past five (5) years.

a.) Attorney's name, b) client's name, c) nature of client's business, d) position held by Attorney, e) description of legal services provided by the firm, f) percentage of equity interest of the client owned by the firm, the Attorney, the Attorney's spouse or immediate family members, g) whether the relationship (i.e., position, held attorney/client etc.) is continuing or has ceased, and h) whether the Attorney is covered by the client's D&O insurance.

3. What percentage of gross revenue derived from the firm's entire practice over the last five (5) years was derived from the clients identified in the answer to question 2 above?

a) current year _____% b) last year _____% c) two years ago _____%
d) three years ago _____% e) four years ago _____%

4. NOTE: Exclusion B of the policy excludes:

Claim(s) by or against or in connection with any entity other than the **named insured** or **predecessor firm(s)** in which an **insured** has an ownership interest or control, whether such ownership interest or control is financial or otherwise;

Additional, Exclusion H of the policy excludes:

Claim(s) arising out of the **insured's** services and/or capacity as:

1. an officer, director, partner, trustee, principal, stockholder, or employee of any entity other than the **named insured** or **predecessor firms(s)**; or
2. a fiduciary under the Employee Retirement Income Security Act of 1974 as amended or any regulation or order issued pursuant thereto;

In certain circumstances, coverage may be provided for claims that would otherwise be excluded by Exclusions B and/or H.

Does the firm require coverage for professional services rendered to the entities listed in the answer to question 2 above? Yes No If Yes, provide a short narrative for each entity include the firm's involvement, the type of business conducted by the entity, etc. In each case, it is necessary to state if the entity is owned or controlled by a family member of any member of the firm.

NOTE: If the Company issues the firm a policy and if any response to any question in this Appendix 9 should change during the policy period, the insured must notify the Company within thirty (30) days. The Company will at its sole discretion be at liberty to accept or reject such additional exposures(s) and to charge an additional premium as the Company deems appropriate. No coverage will attach for such additional exposure(s) until the Company has agreed in writing to accept such additional exposure(s).

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representations and conditions.

Authorized Signature

Date

Capacity