

11. Has the Applicant ever been involved in class action or mass tort litigation? Yes No
If "Yes", please describe the services provided.

12. Has the Applicant provided services to, or sat on the board of, a financial institution? Yes No
If "Yes", please describe the services provided.

13. Has the Applicant ever provided patent, trademark or other intellectual property services? Yes No
If "Yes", please describe the services provided.

14. In last five (5) years, have any claims involving professional services ever been made against this Lawyer for whom coverage is requested? Yes No

If "Yes", complete a Claims Supplement Application or attach a statement providing full details.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 14 IS EXCLUDED FROM THE PROPOSED INSURANCE.

15. Is this Lawyer aware of any fact, circumstance, situation, transaction, event, act, error or omission which might reasonably be expected to give rise to a claim? Yes No

After inquiry, does this Lawyer for whom coverage is requested, has knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against this Lawyer or any other basis to reasonably anticipate a claim being made against this Lawyer?

If "Yes", complete a Claims Supplement Application or attach a statement providing full details.

If "Yes", have you reported same to your current insurer? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 15 IS EXCLUDED FROM THE PROPOSED INSURANCE.

16. Has this Lawyer ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "Yes", how many?

If "Yes", please provide full details and complete a separate Claim Supplement Application for each claim or suit.

17. **MISSOURI RESIDENTS - DO NOT ANSWER THIS QUESTION.** Has this Lawyer ever had professional liability or similar insurance declined, cancelled or non-renewed? Yes No

If "Yes," please provide full details.

18. Has this Lawyer or a Firm with which she/he was associated ever purchased an extended reporting period endorsement? Yes No

If "Yes," provide date.

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19. Does this Lawyer serve as an owner, officer, director, partner, committee-member or employee of any outside entity? Yes No

If "Yes," please provide full details.

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20. Within the last five (5) years, has this Lawyer suffered from any impairment? Yes No

If "Yes," please provide full details.

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THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE