

ADDITIONAL SUPPLEMENTS

A. Please completed Supplement Number 1 and attach a copy of the Applicant’s letterhead.

B. Does the Applicant currently, or did the Application at any time:

(i) In the last Ten years provide Legal Services to any Financial Institution as defined in the instructions for Supplement Number 2? Yes No

If yes, please complete Supplement Number 2.

(ii) In the last Two years perform any Securities work? Yes No

If yes, please complete Supplement Number 3.

(iii) In any of the last Five years have any one Client or group of related Accounts produce more than 10% of Total Gross Billings? Yes No

If yes, please complete Supplement Number 4.

(iv) In the last 12 months perform any Entertainment work? Yes No

If yes, please complete Supplement Number 5

(v) In the last Five years provide any other Professional Services apart from Legal work? Yes No

If yes, please give details on a separate addendum. Please include details of applicable Insurance.

ACTIVITIES

2. C. Indicate Percentage of this years “Total Gross Billings” derived from: (OVERALL TOTAL MUST EQUAL 100%)

| <u>AREA OF LAW</u> | LAST YEAR | THIS YEAR | For any area of law that represents more than 10% of the Applicants practice, complete any applicable detailed practice split | | |
|---|--------------|----------------------|--|-----------------------|----------------------------|
| Banking/Savings & Loan | % | % | | | |
| BI/PD & Personal Injury Litigation | % | % | % | % | % |
| | | | Plaintiff Litigation | Defense Litigation | Plaintiff Class Actions |
| General Corporate Advice/Litigation | % | % | % | % | % |
| | | | Plaintiff Litigation | Defense Litigation | Advice/Other |
| Corporate/Partnership Formation/ Alteration | % | % | % | % | % |
| | | | Corporate | Partnership | Mergers/ Acquisitions |
| Real Estate | % | % | % | % | % |
| | | | Commercial | Residential | Litigation |
| Securities Practice including Syndication’s/Bonds/Tax Shelters/ Ltd. Partnerships and Derivatives | % | % | % | % | % |
| | | | Plaintiff Litigation | Defense Litigation | All Other Sec work |
| Taxation | % | % | % | % | % |
| | | | Personal | Corporate | International |
| Environmental | % | % | % | % | % |
| | | | Plaintiff Litigation | Defense Litigation | Compliance Advice |
| Bankruptcy | % | % | % | % | % |
| | | | For Creditor | For Debator | Court appointed Trustee |
| Copyright/Patent | % | % | % | % | % |

| | | | Plaintiff Litigation | Defense Litigation | Advice/ Filings |
|---|----------------------|----------------------|--|---|--|
| Estate/Trust/Probate | <u> </u> % | <u> </u> % | <u> </u> % Estate planning | <u> </u> % Trust Administration | <u> </u> % Probate |
| Municipal Law (Except bonds) | <u> </u> % | <u> </u> % | <u> </u> % Defense Litigation | <u> </u> % Advice on Finance/ Investments | <u> </u> % Other |
| Domestic Relations | <u> </u> % | <u> </u> % | <u> </u> % Contested Divorce | <u> </u> % Un-contested Divorce | <u> </u> % Other |
| Admiralty law (Except Labor Relations) | <u> </u> % | <u> </u> % | <u> </u> % Plaintiff Litigation | <u> </u> % Defense Litigation | <u> </u> % Contract Law/ International Law |
| Criminal | <u> </u> % | <u> </u> % | | | |
| Labor Relations | <u> </u> % | <u> </u> % | <u> </u> % Management Representation | <u> </u> % Union/Labor Representation | <u> </u> % Other |
| Entertainment | <u> </u> % | <u> </u> % | <u> </u> % Including Money Management | <u> </u> % Ex Money Management | <u> </u> % Litigation |
| Oil & Gas | <u> </u> % | <u> </u> % | <u> </u> % Plaintiff Litigation | <u> </u> % Defense Litigation | <u> </u> % Contract/ Other |
| Other Please | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| Describe: | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| Overall Total | <u> </u> 100% | <u> </u> 100% | | | |

MANAGEMENT

3. A. Is the Application managed by a management committee? Yes No
 Yes No
 comments: _____
 If yes, how many Partners or Officers comprise the management committee: _____
 and how often has it met in the past 12 months? _____
 comments: _____
- B. Does the Applicant employ a full time non Lawyer Administrator? Yes No
 Yes No
 comments: _____
- C. Does the Applicant use a peer review system to evaluate the performance of all practising Lawyers (including Partners) within the Firm? Yes No
 Yes No
 If yes, does this include periodic review of selected case files by a Partner not handling the case?
 Yes No
 Comments: _____

NEW BUSINESS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

4. A. Are new Clients and new matters subject to approval of the Applicants management committee or at least One Independent Partner or Officer other than the Lawyer proposing to handle the case? Yes No
 Yes No
 comments: _____
- B. Does the approval process for new Clients include independent enquiries as to a Client's creditworthiness and reputation for reputation of legal or other bills? Yes No
 Yes No

- comments: _____
- C. Is information as to all new Clients made available on at least a weekly basis to all Partners or Officers of the Applicant? Yes No
 comments: _____
- D. Is a Lawyer generating new business required to associate with a Partner or Officer with specific expertise in the matter? Yes No
 comments: _____
- E. Does the Applicant have a written Policy with regard to accepting or not accepting a Client on a case or transaction for which the Client has already been represented by one of more predecessor Legal Counsel? Yes No
 comments: _____

CONFLICTS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

5. A. How does the Applicant maintain its conflict of interest systems? Yes No
- Oral/Memory Index File Computer Other: _____
- comments: _____
- B. Is the conflict search always completed prior to accepting a Client? Yes No
 comments: _____
- C. If not, Clients accepted subject to that search and is this documented in an engagement letter? Yes No
 comments: _____
- D. Does the system contain the following information? (Please tick as appropriate)
- | | | | |
|---------------------|-----------------------|--|-----------------------|
| Client Name | <input type="radio"/> | • Previous Firms of lateral hires employed by the Applicant | <input type="radio"/> |
| Opposing Party | <input type="radio"/> | • Names of Parties whose representation was declined | <input type="radio"/> |
| Client Subsidiaries | <input type="radio"/> | • Names of any Entity in which the Applicant or any Lawyer practising with the Applicant holds an outside interest (including but not limited to an Equity interest or option to purchase Equity and/or a position as a Director/Officer/Partner/Employee) | <input type="radio"/> |
| Client Principals | <input type="radio"/> | | |
| Opposing Counsel | <input type="radio"/> | | |
- comments: _____
- E. Are all Lawyers in the Firm, regardless of practice area or geographical location:
- (i) able to access all conflict data held by the Applicant in their conflict search? Yes No
- (ii) required access all conflict data held by the Applicant in their conflict search? Yes No
- comments: _____
- F. Does the Applicant have a Policy not to review any privileged or confidential Client information prior to an unqualified acceptance of a Client? Yes No
 comments: _____
- G. Are potential conflicts always referred to an independent conflict Partner or committee? Yes No

comments: _____

H. Where representation is continues subject to conflict waiver does the Applicant have a written Policy requiring the waiver to clearly:

- (i) show the conflicting parties the nature of the conflict? Yes No
- (ii) show how it could affect the representation? Yes No
- (iii) show how the Client was advised to consider consulting another Law Firm either about the conflict and/or the original matter prior to signing the waiver? Yes No

comments: _____

I. With the exception of positions held with Charitable Institutions in relation to pro-bono work, does the Applicant or any Lawyer practising with the Applicant hold an outside interest in a **Client** (including but not limited to an Equity interest or option to purchase Equity or a position as a Director/Officer/Partner/Employee? Yes No

If yes, please complete Supplement Number 4.

OUTSIDE COMMUNICATIONS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

6. A. For what percentage of cases does the Applicant:
- (i) when accepting a representation send an engagement letter which clearly Shows the scope of Services to be performed and the terms and rates in which The matter will be billed? _____ %
 - (ii) when declining a representation send a non engagement letter? _____ %
 - (iii) when ceasing representation send a disengagement letter? _____ %
 - (iv) incorporate a fee mediation/arbitration clause into the retainer/engagement letter? _____ %
- comments: _____

B. When declining a case in which a critical deadline or statute date may apply, does the Applicant always:

- (i) send a non-engagement letter? Yes No
- (ii) by certified mail? Yes No
- (iii) which clearly warns of the importance of immediately seeking alternative representation? Yes No
- (iv) and the risk of losing the chance to pursue the case if a time deadline is exceeded? Yes No

DOCKET AND CALENDAR

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

7. A. Does the Applicant maintain a central system for control of statute dates and other critical deadlines? Yes No
 comments: _____
- B. Is this central system used by all Lawyers in the Firm to control the critical statutory dates or deadlines applicable to their area of practice?
 If no, please describe: _____ Yes No
- C. How many independent date controls are kept on each matter? 1 2 3
 (or more, please state)
 comments: _____

- D. Does the Applicant use Perpetual Calendar Tickler Type Computer
 Other (please describe): _____
- E. Is all incoming mail checked centrally for critical dates by the person(s) responsible for docket control before being distributed to the Lawyer(s) handling the matter? Yes No
 comments: _____
- F. Please describe how the Applicant ensures that statutes of limitation periods entered are correct and currently applicable for a case and take into account differences according to jurisdiction, category of defendant, cause of action, etc.,

- G. Is a list of the pending dates and deadlines on the docket control system circulated to all Lawyers or, if the Applicant is divided into formal departments, to all Lawyers in the appropriate department? Yes No
 comments: _____

TRAINING AND SUPERVISION

(Please insert an "X" in the Appropriate box, or a "W" where the response represents the Applicant's written policy)

8. A. Does the Applicant maintain a formal training program for new Lawyers with regard to office and Court procedures? Yes No
 comments: _____
- B. How many Lawyers have participated in formal continuing Legal Education programs of at least seven hours during the last year _____
 comments: _____
- C. Are all Associates under the direct supervision of a Partner or Officer? Yes No
 comments: _____

MISCELLANEOUS

(Please insert an "X" in the appropriate box, or a "W" where the response represents the Applicant's written policy)

9. A. Do suits for collection of fees have to be approved by the Applicant's management committee? Yes No
 comments: _____
- B. What percentage of the Applicant's billings are more than 90 days overdue from the date the bill was sent out? _____ %
 comments: _____
- C. How many suits for collection of fees have been filed by the Applicant during the past two years?

 comments: _____
- D. Please explain what the Applicant has done to reduce the number of fee related disputes with Clients?
 (i) Monthly billing for all Clients (ii) Retainers for all new Clients
 (iii) Reporting of overdue receivables to the management committee when they exceed a set \$ amount due:
 From and to any one
 one Client Lawyer
- (iii) Other: _____
- E. Other than on contingent cases, what is the largest amount currently owed by a Client to the Firm for billed or unbilled time? \$ _____

F. Can the Applicant confirm that no Lawyers listed in Supplement 1 have been disciplined, censured, suspended, had sanctions awarded against them of over \$20,000 or been put on probation by any State Bar, Judicial Body or Regulatory Agency? Yes No
If no, please give details below or on a separate addendum.

comments: _____

G. Does the Applicant have a written Policy requiring complaints (by either a Client or their Counsel) to be reviewed by a Partner other than the Lawyer about whom the complaint is made? Yes No

comments: _____

H. Are two signatures required for all withdrawals of funds from Custodial Accounts? Yes No

comments: _____

I. Has the Applicant in the last ten years changed the name of the Applicant Yes No

Merged with, acquired or been acquired by any other Firm or Organisation? Yes No

Increased or decreased in size (by total Lawyer count) by more than 20% in a single year? Yes No

Are any of the above currently pending or contemplated? Yes No

If yes, please give full details below or on a separate addendum, including the date of the change(s)

INSURANCE

The term "after enquiry" is deemed to mean to the knowledge of any Owner, Partner, Shareholder, Associate, Employed Lawyer, of Counsel or Employee.

10. A. Has Insurance of the type for which the Applicant is now applying ever been declined, Cancelled or had the renewal thereof refused to the Applicant? Yes No
- If yes, please give details below or on a separate addendum.

comments: _____

- B. After enquiry, have any claims or suits been made in the last Ten years against the Applicant or any past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers, Employees or its predecessors in business? Yes No

If yes, please complete enclosed Supplement Number 6.

comments: _____

- C. After enquiry, are any persons listed I Supplement 1 aware of any circumstances, allegations, Tolling agreements or contentions as to any incident which may result in a claim being made against the Applicant or any if its past or present Owners, Partners, Shareholders, Corporate Officers, Associates, Employed Lawyers, Contract Lawyers or Employees or its predecessor in business? Yes No

If yes, how many? _____

If yes, please complete enclosed Supplement Number 6.

comments: _____

- D. Have all claims and circumstances requiring a response in questions 10B and 10C already been reported to and accepted by a current or past Insurer? Yes No
- If no, please give full details below or on a separate addendum.

comments: _____

11. Please give details of previous Insurance purchased in the last Five years by the Applicant or predecessor Firms.

| Carrier | Number Of Lawyers | Limits each Claim/ Aggregate | Deductible | Paid Premiums | Coverage dates effective From To |
|---------|-------------------|------------------------------|------------|---------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

12. Has any extended claims reporting period ("tail") coverage been purchased in the last 7 years? Yes No

If yes, please give details: _____

13. Has the Applicant had continuous Professional Liability Insurance coverage for at least Five years? Yes No

If not, please give details: _____

14. Is the Applicant's expiring coverage on a standard policy WITHOUT any endorsements restricting coverage? Yes No

comments:

15. Is there any Prior Acts restriction or Retroactive date on the Applicant's expiring policy? Yes No

If yes, please state the Retroactive date: _____ / _____ / _____
Day Month Year

16. Please state coverage Limits and Deductibles Requested:

| | | |
|--|--|---|
| \$ _____ Any one Claim and in the Aggregate, Including Costs and Expenses. | | \$ _____ Each and every Claim including Costs and Expenses. |
|--|--|---|

The Applicant declares and warrants that, after enquiry, to the best knowledge of all person to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been omitted, suppressed or misstated.

Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the Insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued.

This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

AUTHORISED SIGNATURE OF APPLICANT
Must be a principal of the Applicant and a person at risk

TITLE

Date

Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTS ARE COMPLETED. THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.