



SUPPLEMENT 4

REAL ESTATE

Name of entity (as listed in Questions 2.A. of Application): _____

1. On a gross billing/income basis for the current and last fiscal year, please provide the average percentage of your fees derived from all real estate work involving:

Closings _____%; Residential _____%; Commercial _____%

Condo Conversions _____%

Escrow Agents _____%

Landlord/Tenant _____%

Syndication/Development _____%

(Please note that such activities are not covered under the policy for which you are applying)

Title Work (Describe) _____% _____

General (Describe) _____% _____

Other (Describe) _____% _____

2. On a gross billing/income basis for the current and last fiscal year, please provide the average percentage of your fees derived from all real estate work involving:

Limited Partnership/Syndication Offerings: (Not covered by the policy for which you are applying)

Public _____% Private _____%

3. On a gross billing/income basis for the current and last fiscal year, what average percentage of fees were derived from:

A. Speculative Real Estate: _____%
(where no purchase contracts were in force at the time that actual construction of the structure began. Note: General site preparation including roads and services is not considered construction of the structure under this classification).

B. Non-Speculative Real Estate: _____%
(where purchase contracts existed at the time that construction of the structure commenced).

Note: 4.A. plus 4.B. must equal 100%

4. What percentage of work was:

Residential _____% Commercial _____%

5. A. With respect to real estate syndications/limited partnerships and speculative real estate transactions (Question 2, 3 and 4). provide:

Identity Of Attorney	Specialty	Experience In This Specialty	% Of Time Devoted To This Specialty

B. How many real estate syndications/limited partnership transactions did you work on during the last calendar year?

_____ This year? _____

C. How many speculative real estate transactions did you work on during this last calendar year?

_____ This year? _____

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date: _____ Signature: _____ Title: _____