

## SECURITIES SUPPLEMENTAL APPLICATION

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.**

### INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

**Full Legal Name of the Firm:**

**Policy Number** (if ISBA Mutual Insured):

#### Securities Information

1. Has the Firm or any Lawyer of the Firm provided legal services in connection with the issuance, offering or sale of securities, in connection with:

a. the Federal Securities Act of 1933 or the Illinois Securities Law or any other similar state securities laws?  YES  NO

If **Yes**, provide Lawyer's name and the date first started handling these matters:

Lawyer/year: \_\_\_\_\_ Lawyer/year: \_\_\_\_\_

b. reliance upon the exemption from registration of such issuance or sale under the Federal Securities Act of 1933 or any other similar state securities laws?  YES  NO

If **Yes**, provide Lawyer's name and the date first started handling these matters:

Lawyer/year: \_\_\_\_\_ Lawyer/year: \_\_\_\_\_

2. If the answer to question 1.b. is **Yes**, has the firm or any Lawyer of the Firm engaged in the analysis and verification procedures for determining the status of investors and other required conditions to preserve exempt status?  YES  NO

3. If the answer to question 1.a. or 1.b. is **Yes**, in chronological order (most recent first), provide the following information as to the issuance or sale of securities under question 1.a. or 1.b. above for which a filing or exemption was made by the Firm, on behalf of a client, with the Federal Securities and Exchange Commission, or with any state agency which regulates the issuance or sale of securities or for which a filing is expected to be made within the next sixty (60) days.

Date Filed (mm/dd/yyyy)	Provide Appropriate Agency (SEC or State)	Type of Security	Dollar Amount Sold	Number of Months a Client of the Firm	Number of Purchasers	Disclosure Document Used?
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$			<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Has the Firm or any Lawyer of the Firm acted as an officer, director, trustee or general partner of any issuer listed in response to question 3 above?  YES  NO

If **Yes**, provide details:

5. Has the Firm or any Lawyer of the Firm accepted in payment or partial payment stocks, bonds, convertible debentures, or limited partnership, for any issuance or sale listed in response to question 3 above?  YES  NO

If **Yes**, provide details:

## REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following is true and correct as of the inception date of the policy:

The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

## ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

## SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:

Title:

Email Address:

SIGNATURE ►

DATE ►