



Oil and Gas Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

1. Provide the following information in respect to work undertaken in the field of oil and gas in the last five years.

Name of Attorney	Years Experience	% of Time Devoted Per Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Provide a list of the firm's oil and gas clients

Name of Client	Type of Business	Type of Client	Gross Billable Dollars
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e.g., private owner, corporation, multi-investor, etc.)

3. Does any member of the firm provide services in the areas of oil and gas in which they have any ownership interest? Yes No
If "yes", provide details: _____

4. Are title searches performed in conjunction with oil and gas and related areas of practice? Yes No
If "yes", what percentage? _____

I declare that the information submitted herein is true to the best of my knowledge and I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant
(Must be signed by a Managing Partner, or Officer of the Firm)

Title

Date