Gotham Insurance Company

Real Estate Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

1. Please provide approximate percentage of gross firm billings for each of the following that describes your real estate practice for the last 12 months.

   a. Residential title searches; title opinions and other title work _____%
   b. Commercial title searches; title opinions and other title work _____%
   c. Residential Closings _____% for lender _____% for borrower
   d. Commercial Closings _____% for lender _____% for borrower
   e. Residential Land Use, Zoning _____%
   f. Commercial Land Use, Zoning _____%
   g. Eminent Domain _____%
   h. Other, please describe _____ _____%

2. Please provide the following information for all Attorneys engaged in providing legal services in connection with Real Estate Syndications, Limited Partnerships, Real Estate Trusts or Development Projects in the last five (5) years.

Name of Attorney	Experience (Yrs.)	(%) of Time Devoted to this Specialty

3. Please list all Real Estate Syndication, Limited Partnerships, Real Estate Trusts or Development projects for which the firm has performed legal services during the past three years. Include a description of services provided.

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4. Does the Applicant or any member have an interest in a Title Agency? Yes ☐ No ☐
   If yes, please provide proof of coverage.

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

_____ _____ _____

Signature of Applicant *Title* *Date*

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