



REAL ESTATE 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):				
Real Estate Practice				
Please provide the following information regarding the Firm's Real Estate Practice				
Type of Representation	Number of Cases in Past 12 months	Number of Cases in Prior 12 Months	Average Real Estate Value in Past 12 months	Largest Real Estate Value in Past 24 Months
Commercial Real Estate				
Closings			\$	\$
Development			\$	\$
Foreclosures			\$	\$
Land Use			\$	\$
Leases			\$	\$
Limited Partnerships			\$	\$
Loan Workouts			\$	\$
New Construction			\$	\$
Syndication			\$	\$
Title Searches/Opinions			\$	\$
Other (describe):			\$	\$
Residential Real Estate				
Closings			\$	\$
Foreclosures			\$	\$
Land Use			\$	\$
Leases			\$	\$
New Construction			\$	\$
Title Searches/Opinions			\$	\$
Other (describe):			\$	\$
Additional Information				
1. Does the Firm review Real Estate transactions for potential environmental concerns?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , does the Firm provide findings in a written report, including any limitations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , are the clients advised to seek an independent environmental evaluation?				<input type="checkbox"/> YES <input type="checkbox"/> NO

2. In the past five (5) years, has the Firm or any Lawyer providing services on behalf of the Firm, been involved in Real Estate Syndications or the formation of Limited Partnerships?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If Yes , please provide complete details:	
b. List the percentage of time spent during the past 12 months derived from Limited Partnerships.	%
c. List the percentage of time spent during the past 12 months derived from Syndication Offerings.	%
3. Is anyone in the Firm, or anyone providing services on behalf of the Firm, involved in Speculative Real Estate (Speculative Real Estate means representation of developers or principals in their endeavors to attract investors. Services include the preparation of promotional documents, procuring potential investors on behalf of the developer or principal and similar services)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide complete details:	
4. Does anyone providing services on behalf of the Firm have a business relationship with any Real Estate clients other than the rendering of legal services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , provide complete details:	
5. Does anyone providing services on behalf of the Firm have a Real Estate brokers license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide name(s):	
6. Has any Lawyer in the Firm represented both buyer and seller in a Real Estate transaction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , is a written conflict waiver signed by all parties involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does any Lawyer in the Firm act as a Title Agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please answer the following questions:	
a. What is the total number of title insurance policies issued in the past 12 months?	
b. What is the total commission income from all title policies issued in the past 12 months?	
c. After inquiry, is the Firm or any Lawyer in the Firm, aware of any defect in title that was not reported in a title insurance policy issued by the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , provide number: _____ and complete a Claim Supplemental Application for each.	

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 ▶