



BOND SUPPLEMENTAL APPLICATION - Federal, State or Municipal

NAME OF FIRM _____
(Please print or type)

1. In the past five years, has the applicant provided legal services in connection with the offer and sale of securities in any transaction involving a security that was intended to be exempt under one or more of the following provisions of Section 3 (a) of the 1933 Act:

| | | |
|---|-----|----|
| (a) Section 3 (a) (2) as it relates to any bond/security issued or guaranteed by a bank? | Yes | No |
| (b) Section 3 (a) (2) as it relates to any bond/security issued by the U.S. or any State or political subdivision or public instrumentality of the U.S. or any State? | Yes | No |
| (c) Section 3 (a) (5) as it relates to any bond/security issued by a Savings and Loan institution? | Yes | No |

2. (a) Has the applicant provided legal services in connection with the offer and sale of private placement bonds?

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

- (b) If "Yes" to 2 (a) above, were disclosure documents used in connection with all private placement bonds with an aggregate of \$100,000 or more?

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

- (c) If "No" to 2 (a) above, were investors required to execute a certificate to the issuer that they received access to all information they requested and that they desired no further information?

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

| Name of Institution | Location | Nature of Legal Service Provided | Date(s) of Service |
|---------------------|----------|----------------------------------|--------------------|
| | | | |
| | | | |

Please complete the schedule above for bonds/securities addressed in 2(a) or 2(c)

3. In the past 5 years, what is the approximate number of bond issues for which the applicant firm has provided legal services?

| | |
|--------------------------------------|---------|
| Approximate number in last 48 months | # _____ |
|--------------------------------------|---------|

4. For the past 12 months, what was the applicant's gross billable dollars for its bond-related area of practice?

| | |
|--|----------|
| | \$ _____ |
|--|----------|

5. By percent, indicate the type of bonds issued in the past 5 years:

| | | | |
|--------------------|---------|-----------|---------|
| General obligation | _____ % | Refunding | _____ % |
| Revenue | _____ % | Other | _____ % |

(Please provide details on separate sheet)

6. By percent, indicate the capacity in which the applicant has acted in the bond issues in the past 5 years:

| | | | |
|----------------|---------|-----------------|---------|
| Bond Counsel | _____ % | Special Counsel | _____ % |
| Issuer Counsel | _____ % | Other | _____ % |

(Please provide details on separate sheet)

- Underwriter Counsel _____ %

7. On how many bond issues in the past 5 years did the applicant serve as co-counsel?

| | |
|--|---------|
| | # _____ |
|--|---------|

8. (a) In the past 5 years, how many of the bond issues has the applicant firm acted in more than one capacity in the same transaction?

| | |
|--|--|
| | # _____ (Please provide details on separate sheet) |
|--|--|

- (b) How many times has the applicant been selected by the issuer to serve as underwriter's counsel?

| | |
|--|---------|
| | # _____ |
|--|---------|

9. In the past 5 years, how many of the bond issues:

(a) Are currently in default?

(b) Have experienced a default proceeding?

10. List in chronological order:

(a) The issues expected to be made within the next 90 days; then

(b) The most recent issues for the last 24 months. If less than 10 issues are listed, list all issues for the last 48 months.

Include all issues which were withdrawn or were **unsuccessful**.

Attach a separate sheet if necessary.

| Date Issue Began | Name of Issuer | Type of Business | Did Firm Render Tax Opinion? | | Date of Issuer Incorporation or Formation | Dollar Size of Bond | As Counsel* (Specify) | Months as a Client | Affiliated with Issuer? | | Applicant Lawyers Invest? | |
|------------------|----------------|------------------|------------------------------|----|---|---------------------|-----------------------|--------------------|-------------------------|----|---------------------------|----|
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |
| | | | Yes | No | | | | | Yes | No | Yes | No |

* As Counsel for: **I**-Issuer **U**-Underwriter **IC**-Insurance Company **P**-Purchaser **A**-Auditor **O**-Other (specify)

11. Personnel/Experience:

(a) Please complete the schedule below for all lawyers who participate in the Bond practice of the applicant firm:

| Lawyer Name | # of Years Bond Experience | Billable Hours Most Recent 12 Months | Billable Hours Prior 12 Months |
|-------------|----------------------------|--------------------------------------|--------------------------------|
| | | | |
| | | | |

(b) Please complete the schedule below for all lawyers responsible for reviewing the tax implications of each issue:

| Lawyer Name | Billable Hours Most Recent 12 Months | Billable Hours Prior 12 Months | Member of Applicant Firm? | | E&O Coverage? | |
|-------------|--------------------------------------|--------------------------------|---------------------------|----|---------------|----|
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

I understand the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions.

| SIGNATURE OF OWNER, PARTNER OR OFFICER | TITLE | DATE |
|--|-------|------|
| | | |