I. APPLICATION INSTRUCTIONS AND NAME OF APPLICANT

Whenever used in this Questionnaire, the term “Applicant” shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

Name of Applicant: ____________________________

II. SPECIFIC COVERAGE INFORMATION

1. Please attach a sample copy of the Applicant’s standard contract with clients.

2. Please list the Applicant’s top five (5) clients, revenues and description of services for the past 12 months:

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<th>Client</th>
<th>Revenue</th>
<th>Services</th>
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3. Please provide the percentage of the Applicant’s total revenue derived from the following areas in the past 12 months:

   - Legal Services _______%
   - Accounting Services _______%

   For any percentage listed above, please attach a sample contract outlining typical services.

4. Does the Applicant subcontract services to third parties? □ Yes □ No

   If “Yes,” please describe the nature of such services and the percentage of work subcontracted: ________

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

This Questionnaire must be signed by an officer of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date Signature Title

_________________________________________ ___________________________ ___________________________

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