



APPLICATION ADDENDUM

CRIME INSURANCE APPLICATION FOR LAW FIRMS
(Excluding Sole Proprietorships)

IN ADDITION TO THE ATTACHED, PLEASE ALSO PROVIDE US WITH THE FOLLOWING:

1. NUMBER OF:
 - a) Practicing Partners _____
 - b) Employed Lawyers _____
 - c) Other full-time staff _____
 - d) Other part-time staff _____

TOTAL EMPLOYEES: _____

2. COUNTERSIGNATURE OF ALL CHEQUES: YES _____
NO _____

- COUNTERSIGNATURE OF ALL WITHDRAWALS: YES _____
NO _____

3. LENGTH OF TIME IN PRACTICE: _____

4. DOES THE LAW FIRM SPECIALIZE? IF SO, IN WHAT AREAS? _____

5. PLEASE OUTLINE EXTENT OF CUSTODIAL AND INVESTMENT FUNCTIONS IN ADDITION TO TRUST ACCOUNT ADMINISTRATION:

6. IS THE UNDERSIGNED OR PARTNER (S) OF THE INSURED AWARE OF ANY SITUATION WHICH COULD GIVE RISE TO A LOSS UNDER THIS POLICY? YES: _____ or NO: _____

- IF YES, PLEASE EXPLAIN: _____

Signed (Must be signed by a Partner)

Date