



AREA OF PRACTICE SUPPLEMENTAL APPLICATION

Full Legal Name of the Firm:			
Policy Number:			
AREA OF PRACTICE			
Identify the Firm's Area of Practice based upon percentage of time (actual hours worked). Total must equal 100%.			
Area of Practice	% of Time past 12 months	Area of Practice	% of Time past 12 months
Administrative	%	Employment Law – Union	%
Admiralty/Maritime Litigation	%	Entertainment/Sports Law	%
Anti-Trust/Trade Regulation	%	Environmental Law	%
Appellate	%	Estate/Trust/Probate/Wills	%
Arbitration/Mediation	%	Family Law - Adoptions/Guardianships	%
Banking/Financial Institutions	%	Family Law – Divorce	%
Bankruptcy/Foreclosure – Court Appointed Trustee	%	Immigration & Naturalization	%
Bankruptcy/Foreclosure – Creditor	%	Insurance Defense	%
Bankruptcy/Foreclosure – Debtor	%	Intellectual Property – Copyright/Trademark	%
BI/PI Defense	%	Intellectual Property – Patent	%
BI/PI Plaintiff	%	Lobbying	%
Business & Commercial Litigation - Defense	%	Municipal Law – no Bonds	%
Business & Commercial Litigation - Plaintiff	%	Oil/Gas/Mining	%
Business Formation and Alteration – Formation & Dissolution	%	Oil/Gas/Mining – Title	%
Business Formation and Alteration – Mergers & Acquisitions	%	Real Estate - Commercial	%
Business Transactions – International	%	Real Estate – Residential	%
Business Transactions – Private Corporation/Individuals	%	Real Estate – Syndication/Development	%
Business Transactions – Public Corporations	%	Securities – Corporate/Municipal Bonds	%
Civil Rights/Discrimination	%	Securities – Private Placements	%
Class Action/Mass Tort - Defense	%	Securities – Public Offerings	%
Class Action/Mass Tort - Plaintiff	%	Social Security	%
Collections	%	Tax – Commercial Ad Valorem	%
Commercial Law/Corporate *	%	Tax – Residential Ad Valorem	%
Criminal/Traffic Law	%	Tax Prep/Tax Opinions - Corporate	%
Employment Law – Benefits/ERISA	%	Tax Prep/Tax Opinions – Personal	%
Employment Law – Employee	%	Workers' Compensation - Defense	%
Employment Law – Employer	%	Workers' Compensation - Plaintiff	%
		TOTAL (from both columns)	%

***If over 15%, please provide a detailed description on Firm letterhead, signed and dated, of services provided.**

SIGNATURE		
Signature of Owner, Officer, Partner, Shareholder, or Member		
Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶