

SECURITIES AND BONDS SUPPLEMENTAL APPLICATION

Name of Applicant Firm:		
Address:		
City:	State:	Zip Code:

1. Has the Applicant Firm provided legal services in connection with the offer and sale of private placement bonds?	Yes	No																					
2. Is due diligence documentation retained for services in connection with all private placement bonds with an aggregate price of \$100,000 or more?	Yes	No																					
<p>3. Within the past five (5) years:</p> <p>a. Indicate the number of bonds issued (by type) for which the Applicant Firm has provided legal services:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">General Obligation</td> <td style="text-align: center;">Revenue</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">If "Other", describe:</td> </tr> </table> <p>b. Indicate the entity for which the Applicant Firm was employed in the above bond issues:</p> <p>Bond Counsel:</p> <p>Issuer:</p> <p>Underwriter:</p> <p>Other (specify):</p> <p>c. How many of the above indicated bond issues are currently in default?</p> <p>d. How many of the above indicated bond issues have experienced a default proceeding?</p>			General Obligation	Revenue	Other	If "Other", describe:																	
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<p>4. Does the Applicant Firm:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">a. always prohibit a Securities Lawyer with an investment in a client from working on Securities of that client?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>b. always prohibit a Securities Lawyer from trading and investing in client Securities?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>c. always prohibit a non-Securities Lawyer from trading and investing in client Securities?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>d. require a Securities Lawyer to disclose all Securities investments in clients of the Applicant Firm?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>e. have a procedure intended to prevent the improper use of material inside information or the tipping of such information by the Applicant Firm's lawyer and non-lawyer staff?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>f. always prohibit a Lawyer who is a director, officer or general partner of a Securities clients from working on a Securities transaction of that client?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>g. always prohibit any arrangement where a Securities client pays for the Applicant Firm's services with client Securities?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> <p>If No to any part of question 4., please provide details.</p>			a. always prohibit a Securities Lawyer with an investment in a client from working on Securities of that client?	Yes	No	b. always prohibit a Securities Lawyer from trading and investing in client Securities?	Yes	No	c. always prohibit a non-Securities Lawyer from trading and investing in client Securities?	Yes	No	d. require a Securities Lawyer to disclose all Securities investments in clients of the Applicant Firm?	Yes	No	e. have a procedure intended to prevent the improper use of material inside information or the tipping of such information by the Applicant Firm's lawyer and non-lawyer staff?	Yes	No	f. always prohibit a Lawyer who is a director, officer or general partner of a Securities clients from working on a Securities transaction of that client?	Yes	No	g. always prohibit any arrangement where a Securities client pays for the Applicant Firm's services with client Securities?	Yes	No
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<p>5. Has the Applicant Firm had a dispute with a Securities client which necessitated disclosure to the Securities and Exchange Commission?</p> <p>If Yes, provide the name of client, date of withdrawal of dispute and description of withdrawal or dispute.</p>	<p>Yes</p>	<p>No</p>
<p>6. Has any past or present Applicant Firm member been named as a party to:</p> <p>a. any investigation or administration action undertaken by the Securities and Exchange Commission or any state securities regulatory body?</p> <p>b. any legal action under the SEC Acts of 1933 and 1934 or state statute relating to the issuance, offering or sale of Securities?</p> <p>If Yes to any part of question 6., please provide details.</p>	<p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p>

PLEASE PROVIDE TRANSACTIONS WITHIN THE LAST 36 MONTHS.

Date of Filing		Issuer	Type of Offering (1)	Dollar Amount	Registered or Exempt	Tax Opinion Rendered	Attorney for (2)
1.				\$	Yes No	Yes No	
2.				\$	Yes No	Yes No	
3.				\$	Yes No	Yes No	
4.				\$	Yes No	Yes No	
5.				\$	Yes No	Yes No	
6.				\$	Yes No	Yes No	
7.				\$	Yes No	Yes No	
8.				\$	Yes No	Yes No	
9.				\$	Yes No	Yes No	
10.				\$	Yes No	Yes No	
11.				\$	Yes No	Yes No	
12.				\$	Yes No	Yes No	
13.				\$	Yes No	Yes No	
14.				\$	Yes No	Yes No	
15.				\$	Yes No	Yes No	
16.				\$	Yes No	Yes No	
17.				\$	Yes No	Yes No	
18.				\$	Yes No	Yes No	
19.				\$	Yes No	Yes No	
20.				\$	Yes No	Yes No	

(1) Offering type: **PR** = Private placement **IPO** = Initial public offering **SPO** = Secondary public offering **SYN** = Syndication
LP = Limited partnership **BO** = Private bond offering **GBO** = Governmental bond offering **TS** = Tax shelter **O** = Other (specify)

(2) Party represented by firm: **I** = Issuer **U** = Underwriter **A** = Accountant **P** = Purchaser **L** = Lender **O** = Other (specify)

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Partner, Owner, Officer or Principal of the Applicant. Electronically reproduced signatures will be treated as original.

Partner, Owner, Officer or Principal:

Print Name:	Signature:
Title:	Date:

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency:	Date:
Signature of Producing Agent:	

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT FIRM OR THE INSURER.