



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SECURITIES PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

(To Be Submitted with the Lawyers Professional Liability Application)

GENERAL INFORMATION

1. Please provide the following information for each private or publicly held client for whom securities related services were provided in the past 60 months:

Name of Client	Number of Years A Client	Date Offering Began	Name of Issuer	Type of Offering (1)	Nature of Client's Business	Dollar Amount of Offering	Description of Security	Registered or Exempt Offering	Did Firm Render Opinion? Y/N	Applicant Lawyer For? (2)
(1) <u>Key</u>							(2) <u>Key</u>			
Private Placement = PR			Syndication = SY			Issuer = I		Purchaser = P		
Public Initial Placement = PUI			Municipal Financing = M			Underwriter = U		Auditor = A		
Public Secondary Placement = PUS			Limited Partnership = LTP			Lender = L		Other = O (Please Specify)		
Bond (Private) = B										

SECURITIES INFORMATION

2. (a) Has the Firm provided legal services in connection with the offer and sale of private placement bonds? Yes No
- (b) 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
3. Within the past five (5) years, what is the number of bond issues for which the Firm has provided legal services? _____
- (a) Indicate the number of bonds issued (by type)?
- General Obligation _____ Revenue _____ Other (provide detail) _____

- (b) Indicate the entity for which the Firm was employed in the above bond issues:
 Bond Counsel _____ Issuer _____ Underwriter _____
 Other (provide detail) _____
- (c) How many of the above indicated bond issues are currently in default _____ or have experienced a default proceeding _____?

4. Client Identification and Evaluation:

- (a) Do you have a procedure for new client identification intended to assure that there will be no conflict of interest with respect to the Securities matters to be undertaken by the Firm? Yes No
- (b) Do you evaluate a new client seeking Securities advice relevant to a proposed transaction or offering to determine such things as the client's reputation, the nature of its business, financial strength, management expertise, and history of changing Securities accountants and lawyers? Yes No
- (c) Do you use an engagement letter with each client that retains the Firm in connection with any Securities offering, including existing clients? Yes No

If "No" to any part of Question 9, please provide explanation: _____

5. Disclosure and Opinion Requirements:

- (a) Do you require an experienced Securities lawyer to interview the client's directors, executive officers and principles in connection with disclosure documents preparation and review? Yes No
- (b) Do you require the preservation of written records of the factual source and verification made by the Firm's lawyers in connection with disclosure documents and preservation of records to support opinions rendered by the Firm? Yes No
- (c) Do you prohibit your lawyers and staff from participating in the Securities selling process (not participating in marketing meetings or calls involving prospective investors)? Yes No

If "No" to any part of Question 10, please provide explanation: _____

6. Potential Conflicts:

- (a) Do, or have, you always prohibit(ed) a Securities Lawyer with an investment in a client from working on Securities of that client? Yes No
- (b) Do, or have, you always prohibit(ed) a Securities Lawyer from trading and investing in client Securities? Yes No
- (c) Do, or have, you always prohibit(ed) a non-Securities Lawyer from trading and investing in client Securities? Yes No
- (d) Do you require a Securities lawyer to disclose all Securities investments in clients of the Firm? Yes No
- (e) Do you have a procedure intended to prevent the improper use of material inside information or the tipping of such information by your lawyers and staff? Yes No
- (f) Do, or have, you always prohibit(ed) a lawyer who is a director, officer or general partner of Securities client from working on a Securities transaction of that client? Yes No
- (g) Do, or have, you always prohibit(ed) any arrangement where a Securities client pays for the Firm's services with client Securities? Yes No

If "No" to any part of Question 11, please provide explanation: _____

7. For each employee or representative of the Firm handling Securities matters, please provide the following information. Round to the nearest fifty hours:

Employee/Representative Name	Securities Practice Billable Hours Most Recent 12 Months	Billable Hours Prior 12 Months	Years of Securities Experience

8. Has the Firm’s employee or representative served as an officer, director or trustee of any Securities client? Yes No

9. Has the Firm or its employee or representative ever held an equity or financial interest in any Securities client? Yes No

If “Yes”, please identify client and nature of equity: _____

10. Have you had a dispute with a Securities client which necessitated disclosure to the Securities and Exchange Commission? Yes No

If “Yes”, please provide the name of client, date of withdrawal of dispute and description of withdrawal or dispute: _____

11. Has any past or present Firm member been named as a party to:

(a) Any investigation or administration action undertaken by the Securities and Exchange Commission or any state securities regulatory body? Yes No

(b) Any legal action under the SEC Acts of 1933 and 1934 or state statute relating to the issuance, offering or sale of Securities? Yes No

If “Yes” to any part of Question 16, please provide explanation: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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 any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

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

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

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____