



As used herein, Company refers to a member insurance company of Axis Insurance

Area of Practice Supplement Application

Corporate Formation / Alteration Supplement



N/A ☐

1. Are you employed (full time) /General Counsel or Regulatory Counsel by the corporation? ☐ Yes ☐ No
2. Are you providing any Securities or Mergers & Acquisitions advice? If SEC or M&A advice is being provided please complete the SEC and/or M&A supplements. ☐ Yes ☐ No
3. Are you forming General Partnerships/Limited Partnerships/Limited Liability Partnerships or Limited Liability Corporations? ☐ Yes ☐ No
4. Has the firm represented any public corporations? ☐ Yes ☐ No
 - (a) If "Yes", what were the firm's gross billings? _____
 - (b) If private, how many partner(s)/investor(s) are involved and what is the amount of the capital raised by each partner(s)/Investor(s)? _____
5. Is the corporation "for profit" or "not for profit"? _____
6. Do you refer any of your corporate work to another firm? ☐ Yes ☐ No
If so, do you verify that firm has E&O insurance? ☐ Yes ☐ No
7. Is the scope of your representation defined in writing and signed by the client? ☐ Yes ☐ No

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____