

TAX SUPPLEMENT

- INSTRUCTIONS:**
1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
 2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
 3. Please sign this supplement to include this completed form as part of the **Application**.

Named Insured/ Applicant: _____

1. For each attorney in the Firm who practices in the area of taxation, state the:

Name	Office Location	# Years in Practice	Advanced Tax Degree (Y/N)	CPA (Y/N)

2. Does the Firm prepare tax returns on behalf of Clients? YES NO
 If yes, state:
 a. Number of corporate returns prepared per year: _____
 b. Number of personal returns prepared per year: _____

3. Does the Firm give advice or issue any form of tax opinion, whether or not qualified, with respect to:
 a. tax shelters? YES NO
 b. tax products? YES NO
 c. tax implications of investments? YES NO

4. If "yes" to any part of #3 above, does the Firm require a partner not involved in drafting the opinion, or a committee, to review and sign off on the opinion? YES NO

5. During the past three years, has the Firm or any of its attorneys helped create, or write an opinion supporting a transaction, whose primary purpose was to reduce federal taxes, where the tax saved, or expected to be saved, was \$1 million or more? YES NO

6. During the past three years, has the Firm or any of its attorneys been served by the IRS with an administrative summons, sometimes referred to as a "promoter summons"? YES NO

If yes, please describe the disposition of the summons on a separate sheet.

7. During the past three years, has the Firm or any of its attorneys been the subject of any federal, state or local government proceeding regarding any tax work that it or any of them has performed? YES NO

If yes, please provide details on a separate sheet.

Fraud Prevention – General Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____