

OIL/GAS/MINERALS 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. Please complete the following chart for all of your Firm's attorneys in the oil/gas/minerals area of practice:

Attorney Name	Years of Experience within this Field	Percentage of Time Devoted Per Year
		%
		%
		%
		%
		%

2. Please complete the following chart for your top four oil/gas/minerals clients:

Client Name	Type of Business	Gross Billable Hours of Firm

3. Are title searches performed related to this area of practice? YES NO
4. Does the Firm or any attorney in the Firm have an ownership interest in any client(s) within this field? YES NO
5. Does the Firm or any attorney in the Firm have an ownership interest in any entity that provides services to any client(s) of the Firm within this field? YES NO
6. Does the Firm or any attorney in the Firm accept percentages of oil/gas/minerals business transactions as compensation for legal services? YES NO

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: _____