

SYNDICATION/DEVELOPMENT SUPPLEMENT

Name of Applicant: _____

1. Please list all syndication/development transactions the firm has handled in the last five years.

Client	Type of Business	Type of Syndication/Development	Dollar Amount	% Equity Interest		D&O Insurance Y or N
				Indiv.	Firm	

2. Does any service described above involve rendering of advice on securities? If Yes, then complete the Securities Supplement. Yes No

3. Does the Firm's syndication/development activities include the rendering of Taxation advice? If Yes, please explain. Yes No

I/We understand that this Supplement becomes a part of my/our Professional Liability application and is subject to the same representations and conditions.

Signature of Applicant (Must be signed by Partner, Owner or Officer)

Date