

## APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE REAL ESTATE FORECLOSURE SUPPLEMENT

Firm Name:							
Policy Number: Policy Effective Date:							
Provide the following information formation formation formation formation formation formation formation formation formation for the following information for the following informati	or each of the	lenders for whom the firm	n does fore	eclosure worl	k		
Name of Lender	How long ha		# of residential foreclosure cases firm handles annually		# of cases still open	Dollar amounts of cases handled (highest / lowest / average	
2. For all attorneys in the firm handling	ng foreclosure	work on behalf of lenders	s provide tl	he following:			
Name of Attorney		# of years of experience providing foreclosure services to lenders		% of attor	% of attorney's billable hours spent on clients in the most recent 12 months  Prior 12 Months		
				in the most			
3. In what state(s) is the firm filing for	eclosure actio	ons?					
4. Are all attorneys named above in compliance with all state / federal regulations and guidelines related to foreclosure work?					Yes	No	
5. Is any third-party utilized by the firm for foreclosure work?					Yes	No	
6. How many non-attorney staff mem	bers support t	the foreclosure work?					
7. Is each and every file related to foreclosure work reviewed, handled and signed off by an attorney of your firm?					Yes	No	
8. Have any of the foreclosure cases the firm handled been contested or investigated by any state or federal regulatory agency? If yes, provide details and outcome.					Yes	No	