



OIL / GAS / MINING
SUPPLEMENTAL APPLICATION

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Fl.
New York, NY 10005-2863

APPLICANT'S INSTRUCTIONS:

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: _____

- 1. What are the names of the attorney(s) who perform the oil and gas title work for the Applicant firm? _____

- 2. Are any of the attorneys Board Certified Specialists in Oil, Gas & Mineral Law? Yes No
- 3. a. Has the Applicant firm performed any type of title work relative to properties which have oil, gas, coal, or other minerals on them, or any purchase or lease negotiation work? Yes No
b. If Yes, please provide name of client and the type of work performed: _____

- 4. a. Has any attorney at the Applicant firm represented more than one party of interest to an oil, gas or mineral bearing parcel of land (e.g., buyer-seller of the land, lessor-lessee of the land, lessee-sub lessee, etc.?) Yes No
b. If Yes, please explain situation in detail, along with how possible conflict of interest issues were addressed:

- 5. a. During the past three (3) years, has any past or present client for whom the firm has provided any oil, gas, mining, or mineral interest related title services or legal services of any kind ceased operations, or become insolvent or bankrupt? Yes No
b. If Yes, please explain in detail: _____

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner Print or Type Name and Title Date (month-day-year)