

Area of Practice Supplement Application



As used herein, Company refers to a member insurance company of Axis Insurance

Natural Resources / Mining & Minerals / Oil & Gas / Energy



N/A ☐

Please provide the following details for the top five (5) natural resources, mining & minerals, oil & gas or energy clients for whom legal services were provided in the past three (3) years:

Attorney Name	Client Name	Client's Field	Types and Dates of Legal Services Provided	Still a client
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Applicant Firm ever perform title searches or opinions, or perform negotiations with respect to purchase or lease agreements for natural resources, mining & minerals, oil & gas or other energy clients? ☐ Yes ☐ No

Do you use a 'scope of services agreement with natural resources clients? ☐ Yes ☐ No

In the past three (3) years, has the Applicant Firm or any lawyer for whom coverage is sought:

- i. Entered into any business relationship with any of the Applicant Firm's natural resources, mining & minerals, oil & gas or other energy clients other than for legal services? ☐ Yes ☐ No
- ii. Ever accepted a percentage of a transaction, deal, royalty or licensing payment as compensation for legal services? ☐ Yes ☐ No
- iii. Ever accepted any payment with compensation in kind, whether comprised of services (other than professional courtesy legal services from another lawyer), or in the form of tangible or intangible property in return for legal services? ☐ Yes ☐ No

(If "Yes" to any parts of questions (2) or (3) above, please explain and provide details on a separate sheet of paper.)

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____