

Law Firm Name:

1. Please complete the following information for each attorney in the firm who provides services in this area:

	Lawyer's Name		Years of Experience	
2.	Does the firm, or any member of the firm, restructuring services to clients in conjunc			
	If yes, on whose behalf is the work dor			
	(If for both the lender and borrower, pleas	se indicate the percent for each.)		
	Lender		%	
	Borrower		%	
		Must equal 100%	%	
3.	What percent of the firm's billings are deri restructuring services?			%
4.	Does the firm actively advertise loan modification, workout or restructuring services? Yes Ves No <i>If yes, how does the firm advertise?</i> (check all that apply)			
	 Newspaper Email Website Radio 			
5.	Please provide a brief explanation of the loan modification/restructuring or workout services provided by your firm:			
	For residents of all states except CO: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.			
	Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.			
	Professional liability insurance offered through Attorney Shie Insurance Company).	ld is underwritten by Professional Solutions Insurance Co	mpany (doing business in California	as PSIC

Signature/Title of Law Firm Representative

Date

Agency Name

Soliciting Agent

Professional INSURANCE SOLUTIONS

Mail to: 14001 University Avenue Clive, Iowa 50325 Questions: Phone: 800-510-8240 Fax: 800-480-2232