

Bankruptcy Supplemental Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

- Complete only the AOP Sections of this Questionnaire that apply. For all others select N/A.
• If additional space is needed, attach a separate sheet of paper.

Whenever used in this Questionnaire, the term Firm shall mean the Named Insured proposed for insurance, and You or Your(s) shall mean the persons and entities proposed for insurance unless otherwise stated.

A. GENERAL INFORMATION

Name of Firm _____

B. CREDITORS' RIGHTS (BANKRUPTCY AND/OR COLLECTIONS)

BANKRUPTCY

1. How many lawyers at the Firm perform bankruptcy work? _____
2. What is the average number of years of bankruptcy experience? _____
3. Please indicate the percentage of bankruptcy cases which are
Personal Bankruptcy _____% Commercial Bankruptcy _____% (must total 100%)

4. Please provide the percentage of bankruptcy cases in the following categories:

- Debtor Representation: _____%
Creditor Representation: _____%
As Trustee: _____%
Other: _____%

5. Does the Firm have standard review procedures to certify the accuracy of debtor schedule? [] Yes [] No
If "Yes", please provide a brief description:

6. Do you use a review procedure for certification of the debtor's ability to pay? [] Yes [] No

7. Do you use a uniform disclosure statement explaining the duties of the debtor in bankruptcy which is disseminated to all clients? [] Yes [] No

8. Has the Firm or any of You ever represented debtors in bankruptcy proceedings where the total debt exceeded \$10M? [] Yes [] No

If "Yes", please describe and provide dollar value of total debt:

9. Do you have any affiliations, or referral arrangements with third party entities or other attorneys that offer any pre-bankruptcy services in the area of debt settlement, debt resolution, debt consolidation, or debt relief? Yes No
10. Do you include a conspicuous statement in all advertising stating that the firm is acting as a debt relief agency and containing all required disclosures? Yes No

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.