



CorePointe Insurance Company
800 Superior Ave E., 21st Floor
Cleveland, OH 44114

**LAWYERS PROFESSIONAL LIABILITY
SECURITIES APPLICATION SUPPLEMENT**

1. Full Name of Applicant Firm:

2. Indicate the type of securities work you perform:

3. Describe your securities practice qualifications, including any CLE within the past 12 months:

COMPLETE QUESTIONS #4 THROUGH #10 IF YOU ARE INVOLVED IN SECURITIES WORK OF ANY KIND, EVEN IF IT IS CONSIDERED TO BE EXEMPT FROM REGISTRATION.

4. To your knowledge, has any issuer with whom you were involved in a securities transaction become insolvent or entered into any liquidation or reorganization proceeding since the date of the securities transaction? Yes No

5. Have you ever been named in, or do you have knowledge of any facts which could reasonably indicate you may be named in, an investigative or administrative action by the SEC or any state agency regulating securities? Yes No

6. Have you ever been the subject of any legal action brought under the Securities Act, the Exchange Act or any state statute regulating the offering or sale of securities? Yes No

7. Has any claim or allegation of fraud, negligence or breach of duty ever been asserted against you? Yes No

8. Have you ever been a co-investor in any offering or placements handled by your firm? Yes No

9. If you responded, "yes," to any of the above questions #4 through #8, provide a full explanation on a separate sheet , attach it to this form and complete the following: Number of sheets attached:

10. Using the chart on the next page, list any securities offerings (exempt and nonexempt), private placements, or bond offerings handled by you in the last two years. Complete each section and include a sample of your work in the form of an offering memorandum or other securities document.

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Signature of Officer or Partner of Firm	Print Name of Partner or Officer	Date
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Please complete the questions below for each transaction within the last 24 months. If additional space is necessary, attach a separate sheet of paper with this information. If none, check here: None

1. Name of Issuer:
2. Year:
3. Type of Transaction: <input type="checkbox"/> Private Placement <input type="checkbox"/> Federal Registrations <input type="checkbox"/> State Registrations <input type="checkbox"/> Bonds
4. Indicate which description applies: <input type="checkbox"/> Primary Offering <input type="checkbox"/> Subsequent Offering
5. Type of Business:
6. Underwriter:
7. Accountant:
8. Dollar Amount of Offering:
9. Price Per Share or Other Unit:
10. Indicate Party Represented: <input type="checkbox"/> Issuer <input type="checkbox"/> Underwriter <input type="checkbox"/> Lender <input type="checkbox"/> Purchaser <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Other - Describe:
11. Are you a co-investor in this offering? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Description of Security:

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2. Year:
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6. Underwriter:
7. Accountant:
8. Dollar Amount of Offering:
9. Price Per Share or Other Unit:
10. Indicate Party Represented: <input type="checkbox"/> Issuer <input type="checkbox"/> Underwriter <input type="checkbox"/> Lender <input type="checkbox"/> Purchaser <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Other - Describe:
11. Are you a co-investor in this offering? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Are you a co-investor in this offering? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Description of Security: