Old Republic Professional

This completed document should be submitted to:

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 REAL ESTATE ADDENDUM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Insured/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For each of the past two years, state the percentage of gross revenue generated by the firm’s real estate practice derived from:

|  |  |  |
| --- | --- | --- |
| Area of Practice | This Year | Last Year |
| Commercial Landlord/Tenant | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Commercial Property Purchase/Sale | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Condominium/Home Owners Association | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Foreclosure, Trustee’s Sales | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Land Use Development | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Mortgage Preparation/Negotiation | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Residential Property Purchase /Sale or Landlord/Tenant | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Other (specify): |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Yes | No |
| 2. | Are attorneys permitted to represent more than one party in the same transaction? | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 3. | Does the real estate practice include valuation analyses of real estate transactions? | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 4. | Is the firm ever compensated by commission or as a percentage of the value of the transaction? | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 5. | Are attorneys permitted to undertake escrow functions? | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  |  | This Year | Last Year |
| 6. | For each of the past two years, state the average dollar value of real estate matters handled: | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| 7. | What is the dollar value of the largest single value real estate matter handled by the firm in the past three years? |  | \_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Signature of Officer/Partner | Date |
|  |  |
| Printed Name of Officer/Partner | Name of Applicant/Insured Firm |