

Atlantic Specialty Insurance Company  
 (Stock company owned by the **OneBeacon Insurance Group**)

**EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR LAW FIRMS APPLICATION  
 FINANCIAL INFORMATION SUPPLEMENT**

Name of Applicant: \_\_\_\_\_

Please provide the following information and the source financial documents listed below for the Applicant's latest completed fiscal year and the prior fiscal year.

	Latest Fiscal Year (ending _____)	1 <sup>st</sup> Prior Fiscal Year (ending _____)
<b>1. Gross Revenues:</b> Cash receipts from professional services, excluding expense reimbursements.		
<b>2. Net Income:</b> Total net income for distribution to active equity partners or shareholders.		
<b>3. Accounts Receivable:</b> The sum of amounts owed to the Applicant for professional services rendered, excluding bad debts.		
<b>4. Total Current Assets:</b> The sum of cash (and equivalents), receivables, inventory, and other current assets.		
<b>5. Total Assets:</b> The sum of current assets, non-current (fixed) assets and other assets.		
<b>6. Obligations to Former Partners/Shareholders:</b> The sum of all payments due to retired partners/shareholders or former partners/shareholders for whatever reasons. Please list obligations per year for each individual on a separate sheet.		
<b>7. Lease Obligations:</b> The sum of all leases for real estate, furnishings, office equipment, etc. Please list all leases and show annual payments due for each on a separate sheet.		
<b>8. Total Debt:</b> The sum of long- and short-term debt to all creditors. Please list each obligation and its maturity date on a separate sheet.		
<b>9. Partner or Shareholder Equity:</b> Total partner or shareholder equity.		

**SIGNATURE AND AUTHORIZATION**

The undersigned, as authorized agent of the all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Financial Information Supplement and any attachments of information submitted with this Financial Information Supplement are true and complete. The undersigned understands that information submitted herein becomes part of the Applicant's Employment Practices Liability Insurance for Law Firms Application and is subject to the representations and conditions set forth therein.

APPLICANT:		
BY (PRINCIPAL, PARTNER OR SHAREHOLDER):	TITLE:	DATE: