

	<b>James River Insurance Company</b> 7130 Glen Forest Drive, Suite 210 Richmond, VA 23226 804-289-2700	<b>Taxation Supplemental Application</b>
		<b>PROFESSIONAL LIABILITY Division</b> Email to <a href="mailto:PL@jamesriverins.com">PL@jamesriverins.com</a> or, Fax to 804-287-2816
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. If more than one attorney practices in Taxation area, one supplement will suffice.)</li> </ol>		

NAME OF APPLICANT FIRM: \_\_\_\_\_

List the attorneys within the firm engaged in the practice area of taxation. For each attorney, state the number of years practicing in this area and whether the attorney has received an advanced law degree in taxation (e.g. LL.M.) or is licensed as a certified public accountant.

Does any member of the firm provide investment counselor services, including tax opinions on tax shelters? Yes  No

Does the firm prepare tax returns for or on behalf of clients? Yes  No   
 If yes, how many tax returns does the firm prepare on an annual basis?

If yes, does the firm utilize computer software to assist in preparation of tax returns?

By separate attachment, please describe in narrative form the types of services performed in conjunction with the firm's tax practice.

I understand the information submitted herein becomes a part of my Professional Liability Application and is subject to the same terms and conditions.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_