

INDIVIDUAL ATTORNEY SUPPLEMENT *continued* Eric Montalvo

10. If you offer any of the four services below to the public, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service:**

Insurance Agent/Broker _____ Real Estate Agent/Broker _____
Accountant _____ Title Agent/Abstractor _____

11. If part of your law practice is devoted to any one of the following, please show percentage of your total time devoted to the service and provide details of any professional liability insurance covering the service and provide copy of employment contract, if remuneration inures to you rather than to the firm:**

Prosecutor _____ Municipal, State, or Corporate Counsel _____
Public Defender _____

12. Last 4 digits of your Social Security Number: XXX-XX- 0673

13. Date admitted to Bar: Nov 21st, 2002

- a. List Bar Association(s) of which you are a member in good standing:
- b. If you are admitted to practice in jurisdictions other than your office location, please provide the percentage of the firm's annual revenue generated from each jurisdiction(s).

14. Previous employment since admission to Bar:

Start/End Dates (mm/dd/yyyy)	Employer/Position	State	Insurance Carrier
- <u>March 1988 - 31 Aug 2002</u>	<u>U.S. Marine Corps</u>		<u>Fed Government</u>
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15. Are you a salaried employee of any organization other than the applicant firm? ** Yes No
If yes, please explain

16. Do you serve as director or officer, or do you exercise any fiduciary control over any business enterprise other than the applicant firm including profit and not for profit organizations? ** Yes No

a. If yes, please list enterprise(s), nature of the business and position held on separate attachment, and note whether any "Directors and Officers" liability insurance is maintained.

b. Are any of these enterprises clients of the applicant firm? Yes No

17. Do you perform any professional legal services for any other entity other than the Named Insured firm shown in item number one of the Firm Application? ** Yes No
If yes, please provide the name of the other entity.

** REFER TO POLICY EXCLUSIONS REGARDING THESE EXPOSURES.

Attorney's Signature Date: / /