

OUTSIDE INTERESTS SUPPLEMENT

FIRM NAME _____

Instructions: Complete only if, in the past 5 years, any member of the firm served as a director, officer, partner or employee of any Client or if any firm member exercised fiduciary control or possessed any ownership interest in any Client or any joint venture with any Client. If your firm has already completed the financial institution questions on the Financial Institutions Supplement, the information provided on that form need not be duplicated below. If any item is not applicable, type or print N/A.

Name of Lawyer	Name of Client	Nature of Business (Indicate if Non-Profit)	Legal Services Performed	Position Held Including Committee	Equity Highest Annual Amount (\$)	Interest Highest Annual % of Interest	Highest Annual % of Applicant's Gross Billing	Does the Client have D & O Insurance
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>

Outside Interests Supplement (Continued)

Name of Lawyer	Name of Client	Nature of Business (Indicate if Non-Profit)	Legal Services Performed	Position Held Including Committee	Equity Highest Annual Amount (\$)	Interest Highest Annual % of Interest	Highest Annual % of Applicant's Gross Billing	Does the Client have D&O Insurance?
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
					\$	%	%	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature of Owner, Officer or Partner

Print Name and Title

Date

