

# OUTSIDE INTEREST SUPPLEMENTAL APPLICATION



Name of Firm \_\_\_\_\_  
 (Please print or type)

**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 in any joint venture with any Client. If your firm has already completed the financial institution questions on the Financial Institutions Supplemental Application, 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 Interest		Highest Annual % of Applicant's Gross Billing	Does the Client have D&O Insurance?	
					Highest Annual Amount (\$)	Highest Annual % of Interest		<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"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty 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 insurance act.

SIGNATURE OF OWNER, PARTNER OR OFFICER	TITLE	DATE
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