



LAWYERS PROFESSIONAL LIABILITY

OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION

Application Instruction: Complete the following for any positions or equity interests outside of the Named Insured within the past six (6) years.

NAME OF APPLICANT FIRM: _____

A. Name of Attorney	B. Position Held	C. Name of Business	D. Period of Service	E. Professional Services	F. Nature of Business	G. Highest % Equity Interest	H. Client of the firm?		I. D & O Insurance		J. Non-Profit Charitable or Civic Org.	
							Yes	No	Yes	No	Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest? Yes No
2. Has a signed waiver been obtained from all parties? Yes No
3. Does the applicant have policies and procedures in place to protect against insider trading? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or should be known, and agrees that this Supplemental Application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature of Partner, Officer or Owner

Date