



OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Instructions: Only Applicants answering "Yes" to Questions 3.C. or 3.D. of the Lawyers Professional Liability Insurance Application (or Questions 1.C. or 1.D. of the Renewal Application) must complete this form. If your firm has already completed the Financial Institutions Supplemental Application, please do not repeat that information below. Attach additional sheets if necessary.

Name of Lawyer	Position Held (including committee)	Legal Services Performed	Name of Outside Business	Nature of Business	Equity Interest (% of Interest)	% of Firm's Gross Billings	D&O Insurance	
							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"/>

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign & Date in ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____