



Outside Interests Supplement

Lawyers Professional Liability Insurance

Name of Lawyer	Business Name	Nature of Business	Position Held (Including Committee)	Services Performed	Controlling Interest	Firm's 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"/>
					%	%	<input type="checkbox"/>	<input type="checkbox"/>
					%	%	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant

Title

Date

(Must be signed by a Managing Partner, or Officer of the Firm)