

LAWYERS PROFESSIONAL LIABILITY OUTSIDE INTEREST SUPPLEMENT

1. Firm Name: _____

2. Please complete the below with information from the past five (5) years:

Name of Attorney	Enterprise Name	Nature of Business	Non-Profit (Y/N)	Position Held	Firm Client (Y/N)	Firm Billings for Client	D&O Insurance (Y/N)

3. Have **you** advised all clients of any potential conflict(s) of interest regarding the entities listed above?

☐ Yes

☐ No

4. Have **you** obtained signed conflict waivers from each client listed above?

☐ Yes

☐ No

5. Do **you** have policies and procedures in place to prevent insider trading?

☐ Yes

☐ No

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____