



Knight Specialty Insurance Company

## LAWYERS PROFESSIONAL LIABILITY Outside Interest Supplement

Please complete this supplement with information from the past five (5) years. Include any positions or equity interests any of **you** have outside of the applicant firm.

Name of Attorney	Business Name	Nature of Business	Non-Profit (Y/N)	Position Held	Controlling Interest %	Client of the Firm (Y/N)	Firm's Billings	D&O Insurance (Y/N)

1. Have **you** advised all clients of any potential conflict(s) of interest?      Yes \_\_\_      No \_\_\_
2. Have **you** obtained signed conflict waivers from each client listed above?      Yes \_\_\_      No \_\_\_
3. Do **you** have policies and procedures in place to prevent insider trading?      Yes \_\_\_      No \_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_