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
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No
					%	%	☐ Yes ☐ No

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)

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