



Administered by:
Lockton Risk Services
(800) 250-7876

OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Name of Applicant:

Instructions: Complete this form only if, in the past five (5) years, any member of the firm served as a director, officer, partner, or employee of any Client, or if any firm member exercised fiduciary control or possessed any ownership interest in any Client or in any joint venture with any Client. If any item is not applicable, type or print N/A.

Name of Lawyer	Name of Client	Nature of Business (Indicate if Non-Profit)	Legal Services Performed	Position Held, Including Committee	Equity Interest		Highest Annual % of Applicant's Gross Billings	Does the Client have D&O Insurance?	
					Highest Annual Amount (\$)	Highest Annual % of Interest		<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	%	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)