

LAWYERS PROFESSIONAL LIABILITY
OUTSIDE INTEREST SUPPLEMENT

Firm Name: _____

Please complete this Supplement if any lawyer listed on the application is an Officer, Director, Shareholder, Member, Employee of, or exercises fiduciary control over, any entity.

Name of Attorney	Name of Organization City/State	Nature of Client's Business	Profit or Non-profit (P/NP)	Date of Affiliation	% of equity interest	% of annual firm billings	Position(s) Held	Legal Services Provided	Directors & Officers Liability Insurance? (Y/N)*

*** Please attach a copy of your Directors & Officers Liability Policy**

1. Does your firm always disclose in writing to the client all actual or potential conflicts of interest that may result from the firm's attorney(s) acting as a Director, Officer, Employee, Fiduciary, or by having a financial interest in the client or entity other than the applicant firm? Yes No
 - a.) If yes, does the disclosure clearly describe the nature of the conflict? Yes No
 - b.) If yes, does the disclosure explain that it is advisable for the client to seek independent legal advice? Yes No
 - c.) If yes, does the disclosure explain the consequences should the firm have to withdraw as a result of the conflict? Yes No
 - d.) If yes, does the disclosure require the clients' acknowledgment of the conflict and consent to continue to perform legal services? Yes No
- If "No", please explain: _____
2. Does your firm maintain guidelines, policies or procedures regarding attorneys serving as Directors or Officers or having financial interest in firm clients? Yes No
 If "Yes", please describe: _____
3. In the past five years, how many claims have been made against all Director(s)? _____
4. Are any of the clients of the above entities also clients of the firm? _____
 If "Yes", please describe which entities and legal services to client: _____

Signature of Authorized Firm Representative

Title

Date