



As used herein, Company refers to a member insurance company of Axis Insurance

Outside Interests Supplemental Application

Instructions: Only applicants answering "Yes" to Question 5.D of the Lawyers Professional Liability Insurance Application must complete this form. If your firm has already completed the Financial Institutions Supplemental Application, please do not repeat that information below. Attach additional sheets if necessary.

Name of Lawyer	Position Held (including committee)	Legal Service Performed	Name of Outside Business	Nature of Business	Equity Interest (% of Interest)	% of Firm's Gross Billings	D&O Insurance	
							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"/>

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____

Print Name: _____

Title: _____

Date: _____