

OUTSIDE INTEREST SUPPLEMENT

POLICY NUMBER _____

COMPANY USE ONLY



AttorneySM Protective

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

I. SUPPLEMENT INSTRUCTIONS

- A. THIS SUPPLEMENT IS PART OF THE APPLICATION FOR A LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY BY APPLICANT.
- B. PLEASE ATTACH TO THIS SUPPLEMENT A COPY AND/OR A DESCRIPTION OF APPLICANT'S POLICIES AND PROCEDURES FOR ANY ATTORNEY OF APPLICANT ENGAGING IN AN OUTSIDE INTEREST.
- C. PLEASE COMPLETE THE INFORMATION REQUESTED IN THIS OUTSIDE INTERESTS SUPPLEMENT FOR EACH OUTSIDE INTEREST ENGAGED IN BY AN ATTORNEY OF APPLICANT AND ATTACH ADDITIONAL PAGES IN THIS FORMAT AS NEEDED. OUTSIDE INTEREST(S) MEANS SERVICE AS AN OFFICER, DIRECTOR OR EMPLOYEE OF A FOR-PROFIT OR NON-PROFIT ENTERPRISE OTHER THAN THE APPLICANT, OR HAVING ANY KIND OF DEBT, EQUITY OR OWNERSHIP INTEREST IN A CLIENT OF APPLICANT, OR ENGAGING IN ANY BUSINESS VENTURE WITH A CLIENT OF THE APPLICANT.

II. APPLICANT INFORMATION

A. _____ / _____ / _____
APPLICANT/FIRM NAME APPLICATION DATE (MM/DD/YYYY)

B. NAME OF ORGANIZATION OR ENTERPRISE: _____

1. NATURE OF ORGANIZATION/ENTERPRISE: _____

2. NAME OF APPLICANT'S ATTORNEY WITH POSITION OR INTEREST: _____

3. NATURE OF LEGAL SERVICES PROVIDED TO ENTERPRISE OR CLIENT: _____

4. POSITION HELD BY APPLICANT'S ATTORNEY:

NONE OFFICER DIRECTOR TRUSTEE OWNER EMPLOYEE RECEIVER

GENERAL PARTNER OF LIMITED PARTNERSHIP/LLP OTHER (PLEASE SPECIFY) _____

5. DOES THE ATTORNEY OR APPLICANT CARRY D & O OR OTHER APPLICABLE INSURANCE FOR THIS OUTSIDE INTEREST? YES NO

IF "YES", PLEASE PROVIDE DETAILS OF SUCH INSURANCE: _____

6. PERCENTAGE OF EQUITY, DEBT, OR OWNERSHIP INTEREST IN OUTSIDE INTEREST: _____ %

PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL FIRM BILLINGS: _____ %

PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL ATTORNEY'S BILLINGS: _____ %

7. NATURE OF BUSINESS VENTURE OR RELATIONSHIP WITH CLIENT: _____

C. NAME OF ORGANIZATION OR ENTERPRISE: _____

1. NATURE OF ORGANIZATION/ENTERPRISE: _____

2. NAME OF APPLICANT'S ATTORNEY WITH POSITION OR INTEREST: _____

3. NATURE OF LEGAL SERVICES PROVIDED TO ENTERPRISE OR CLIENT: _____

4. POSITION HELD BY APPLICANT'S ATTORNEY:

NONE OFFICER DIRECTOR TRUSTEE OWNER EMPLOYEE RECEIVER

GENERAL PARTNER OF LIMITED PARTNERSHIP/LLP OTHER (PLEASE SPECIFY) _____

5. DOES THE ATTORNEY OR APPLICANT CARRY D & O OR OTHER APPLICABLE INSURANCE FOR THIS OUTSIDE INTEREST? YES NO

IF "YES", PLEASE PROVIDE DETAILS OF SUCH INSURANCE: _____

II. APPLICANT INFORMATION (CONTINUED)

6. PERCENTAGE OF EQUITY, DEBT, OR OWNERSHIP INTEREST IN OUTSIDE INTEREST: _____ %
PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL FIRM BILLINGS: _____ %
PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL ATTORNEY'S BILLINGS: _____ %

7. NATURE OF BUSINESS VENTURE OR RELATIONSHIP WITH CLIENT: _____

D. NAME OF ORGANIZATION OR ENTERPRISE: _____

1. NATURE OF ORGANIZATION/ENTERPRISE: _____

2. NAME OF APPLICANT'S ATTORNEY WITH POSITION OR INTEREST: _____

3. NATURE OF LEGAL SERVICES PROVIDED TO ENTERPRISE OR CLIENT: _____

4. POSITION HELD BY APPLICANT'S ATTORNEY:

NONE OFFICER DIRECTOR TRUSTEE OWNER EMPLOYEE RECEIVER

GENERAL PARTNER OF LIMITED PARTNERSHIP/LLP OTHER (PLEASE SPECIFY) _____

5. DOES THE ATTORNEY OR APPLICANT CARRY D & O OR OTHER APPLICABLE INSURANCE FOR THIS OUTSIDE INTEREST? YES NO

IF "YES", PLEASE PROVIDE DETAILS OF SUCH INSURANCE: _____

6. PERCENTAGE OF EQUITY, DEBT, OR OWNERSHIP INTEREST IN OUTSIDE INTEREST: _____ %
PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL FIRM BILLINGS: _____ %
PERCENTAGE THE CLIENT REPRESENTS OF THE ANNUAL ATTORNEY'S BILLINGS: _____ %

7. NATURE OF BUSINESS VENTURE OR RELATIONSHIP WITH CLIENT: _____

III. PLEASE READ AND SIGN

I UNDERSTAND AND AGREE THAT THE INFORMATION SUBMITTED IN THIS SUPPLEMENT BECOMES PART OF MY LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME WARRANTIES AND CONDITIONS.

SIGNATURE OF AUTHORIZED PERSON PRINT NAME AND TITLE _____ / ____ / ____
DATE (MM/DD/YYYY)