



LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUTSIDE INTEREST SUPPLEMENT

LawyerCare • 111 N. Higgins, Ste. 600 • P.O. Box 9169 • Missoula, MT 59807-9169 • 855.214.1295

Name of Applicant Firm: \_\_\_\_\_

- 1. For each lawyer proposed for this insurance, provide the following for any positions or equity interests in any entity or organization other than the applicant firm within the past five (5) years.

Table with 8 columns: Name of Lawyer, Name of Business, Position Held, D & O Insurance (Y/N), Non-Profit Charitable or Civic Org. (Y/N), Current or Past Client of the Firm? (Y/N), % Equity Interest, % of Firm's Annual Billings.

- 2. Due to the equity and/or position identified above, have all clients been advised of the potential conflict of interest? Yes [ ] No [ ]
3. Has a signed waiver been obtained from all parties? Yes [ ] No [ ]
4. Does the applicant have policies and procedures in place to protect against insider trading? Yes [ ] No [ ]

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_