

For your convenience, the following form(s) has been created in a "fillable" pdf format. When using the **full copy** of Adobe Acrobat Versions 4.0 or higher you will be able to complete the form and send via [e-mail to one of our representatives](#). If you are using the Acrobat Reader you will be able to complete the form and print it and fax it back to us @ (973) 669-2399. Please remember that we require a copy of **all** signature pages be signed and faxed and/or mailed to our office. Call us toll free with any questions at 877-396-3501.

# Outside Interest Supplemental Application

NAME OF FIRM \_\_\_\_\_

**Instructions:** Complete only if, **in the past 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 any joint venture with any Client. If your firm has already completed the financial institution questions on the Financial Institutions Supplemental Application, the information provided on that form need not be duplicated below. 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 Highest Annual Amount (\$)	Interest Highest Annual % of Interest	Highest Annual % of Applicant's Gross Billing	Does the Client have D & O insurance?
					\$	%	%	<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 that the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

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.

# Outside Interest Supplemental Application (Continued)

Name of Lawyer	Name of Client	Nature of Business (Indicate if Non-Profit)	Legal Services Performed	Position Held Including Committee	Equity Highest Annual Amount (\$)	Interest Highest Annual % of Interest	Highest Annual % of Applicant's Gross Billing	Does the Client have D & O insurance?
					\$	%	%	<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
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					\$	%	%	<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

Signature of Owner, Partner or Officer	Title	Date