

Outside Interest(s) Supplement

Use letterhead if space is insufficient to answer any question.

Firm: _____ Policy No.: _____

1. Is the Firm applying for a new policy with ISBA Mutual? Yes No

If **yes**, then provide the information below for the period of the past **3 years**.

If **no**, then provide the information below for the period of the past **12 months**.

2. Complete the following information for each past or present client for which the Firm or any lawyer of the Firm served as a director, officer, partner, or employee; had an equity interest; or engaged in a business venture.

Client Name	Date Client Affiliation Began	Date Outside Interest Began	Name of Lawyer Holding Interest	Nature of Client Business	Nature of Legal Services Provided	Position Held	Current Percent of Equity Held	Current Percent of Billings		Position Covered by D&O Insurance?		Pending or Threatened D&O Claims?	
								Firm	Lawyer	Yes	No	Yes	No

3. Has the Firm disclosed in writing to all clients identified above, the potential for a conflict of interest? Yes No

If **no**, why not? _____

I/We affirm that after an inquiry of all lawyers of the Firm, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signature of Owner, Partner, or Officer (Lawyer Only) _____ Date _____

Print Name _____ Title _____