

ISBA MUTUAL INSURANCE COMPANY

OUTSIDE INTEREST(S) SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

Applicant Name: _____ Policy No.: _____

1. Complete the following information for each client (past or present) of Applicant Firm in which Applicant serves/served as a director, officer, partner or employee; has/had an equity interest and/or engaged in business ventures in the past 5 years. .

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 % of Equity Held	Current Percentage of Billings		Position Covered by D&O Insurance		Pending or Threatened D&O Claims	
								Firm	Indv. Atty	Yes	No	Yes	No

2. Has the Firm disclosed in writing to all clients listed above the potential for conflict of interest? Yes No
 If no, why not? _____

- If **YES**, does the disclosure letter:
- a. Describe the nature of the conflict? Yes No
 - b. Set forth the legal consequences should it become necessary for the Firm to withdraw as legal counsel? Yes No
 - c. Obtain the client's consent to continue to perform ongoing legal services? Yes No

I/We affirm that 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, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ Date _____

Print Name _____ Title _____