



ALLIED WORLD INSURANCE COMPANY
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ALLIED WORLD *LPL ASSURE*
LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY
OUTSIDE INTERESTS SUPPLEMENT

Applicant: _____

Instructions: Complete the table below if, **currently or in the past 5 years**, any individual attorney served as a director, officer, committee member, partner, trustee, manager or employee of any client, or if any individual attorney had any ownership, equity, voting or other legal or financial interest in any client or in any joint venture with any client. If any item is not applicable, type or print N/A.

Attorney	Name of Client	Type of Business	Type of Legal Services Performed	Position Held	Equity Interest Highest Annual Amount (in \$)	Equity Interest Highest Annual %	Highest Annual % of Applicant's Gross Billing	Does 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

Note: Attach separate sheets as necessary.

NOTICE:

Applicant understands that the information submitted herein becomes part of the Applicant's Lawyers Professional Liability Insurance Application or Renewal Application and is subject to the same warranties, notices and conditions.

This application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal

Date

Print Name

Title

Licensed Agent

License Number