

Outside Interest Supplement

Policy Number _____

Please print legibly and answer all questions. If a question is not applicable, write "N/A." If additional space is needed, please attach the information and reference the question.

1. General Information: Applicant (Firm) Name _____

Street Address _____ City _____ State _____ Zip _____

2. Outside Interests means service as an officer, director or employee of a for-profit enterprise other than the Applicant, or having any kind of debt, equity or ownership interest in client of Applicant, or engaging in any business venture with a client of the Applicant.

Name of Entity/ Enterprise	Industry of Entity/ Enterprise	Attorney	Position Held	Dates Position Held	% Applicant Revenues	% Equity Ownership	Legal Services Provided	D&O Insurance? Y/N

MANDATORY: All Florida applicants must read the following:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.