



CorePointe Insurance Company  
 800 Superior Ave E., 21<sup>st</sup> Floor  
 Cleveland, OH 44114

## LAWYERS PROFESSIONAL LIABILITY OUTSIDE INTEREST SUPPLEMENT

Full Name of Applicant Firm : \_\_\_\_\_

Please complete this Supplement if any lawyer listed on the application is an Officer, Director, Shareholder, Member, Employee of, or exercises fiduciary control over, any entity.

Name of Attorney	Name of Organization City/State	Nature of Client's Business	Profit or Non-profit (P/NP)	Date of Affiliation	% of equity interest	% of annual firm billings	Position(s) Held	Legal Services Provided	Directors & Officers Liability Insurance? (Y/N)*

\* Please attach a copy of your Directors & Officers Liability Policy and/or Fiduciary Policy and any other related policy.

1. Does your firm always disclose in writing to the client all actual or potential conflicts of interest that may result from the firm's attorney(s) acting as a Director, Officer, Employee, Fiduciary, or by having a financial interest in the client or entity other than the applicant firm?  Yes  No  
 If "No", please explain: \_\_\_\_\_
2. Does your firm maintain guidelines, policies or procedures regarding attorneys serving as Directors or Officers or having financial interest in firm clients?  Yes  No  
 If "Yes", please describe: \_\_\_\_\_
3. In the past five years, how many claims have been made against all Director(s), Officer(s), employee(s) or fiduciary(ies)? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Officer or Partner of Firm

\_\_\_\_\_  
 Print Name of Officer or Partner

\_\_\_\_\_  
 Date