



Wesco Insurance Company
 800 Superior Ave, E.
 21st 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.

- 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: _____
- 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: _____
- 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