



OUTSIDE INTEREST ACTIVITIES SUPPLEMENTAL APPLICATION

Administered by:

PCM Services, LLC
11 Hanover Square, 6th Fl.
New York, NY 10005-2863

APPLICANT'S INSTRUCTIONS: Please complete this supplemental application if within the past three (3) years, any member of the Applicant firm or any predecessor firm or any lawyer or employee thereof served as a director, officer or employee or held an equity interest, ownership interest or engaged in any kind of business venture with a past or present client of the firm. If more than three (3) clients, please provide complete details on a separate sheet:

APPLICANT FIRM: _____

INFORMATION NEEDED	CLIENT #1	CLIENT #2	CLIENT #3
i. Name of client:			
ii. Indicate nature of client enterprise:			
iii. Is client a for profit corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Is client publicly traded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. If Yes to above, indicate ticker symbol:			
vi. Name of Lawyer:			
vii. Initial and ending date of affiliation:	Mo. ____ / Yr ____ to Mo. ____ / Yr ____	Mo. ____ / Yr ____ to Mo. ____ / Yr ____	Mo. ____ / Yr ____ to Mo. ____ / Yr ____
viii. Indicate position held by Lawyer:			
ix. Indicate highest percentage of firm billings:	%	%	%
x. Indicate highest percentage of equity interest held by all firm members:	%	%	%
xi. Is client insolvent or has client ceased operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii. Has client had a past, pending, or threatened E&O or D&O suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)