Westport Insurance Corporation

OUTSIDE INTEREST SUPPLEMENT

Please complete the following grid if you answered 'yes' to any part of Question 11 of the Lawyers Professional Liability Application. Wholly-owned entities applying for coverage should be listed. Use additional pages if necessary.

Legal Nam	e of Entity	Name of Lawyer	% of Equity Interest	Privately-Held (PR) or Publicly-Held (PU)	Client of the Firm?	Does the Entity Shown In Column 1 Carry D&O Insurance?	Position Held*
			%		☐ Yes ☐ No	☐ Yes ☐ No	
			%		☐ Yes ☐ No	☐ Yes ☐ No	
			%		☐ Yes ☐ No	☐ Yes ☐ No	
			%		☐ Yes ☐ No	☐ Yes ☐ No	
* Please uti	ilize the following codes:	Officer (OF); Director (of Limited Partnership Secretary (AS); Other.	p/LLP (LLF	e (T); Owner at any pe P); Employee (E); Ro	rcent of equity (OV eceiver (R); Clerl	N); Partner (P); Genck (C); Secretary (S)	eral Partner); Assistant
aware of a	iry of each lawyer and any circumstances that s' activities with any of	t could result in a clair	m arising	out of the Applicant	t's, its lawyers' o	r its	es 🗌 No
If 'yes', pl	lease provide details	and complete a Clai	m Supple	ement.			
I understa the applica Signed:	Partner, Officer and/or Owner						
	Title						
	Name of Firm	_					
	icant understands an lement that occur afte					he information pi	ovided in
Acceptant line will se electronica	ARE SIGNING AND Some box below, you acknow as your signature ally. Once submitted, ronic Signature and Act	nowledge that it is you for the purpose of thi your signed application	ur intent th is applicat on will be	nat the name typed tion and that you ag just as enforceable	in the Signature gree to complete	of Owner, Officer and submit this a	or Partner application
Signed:	Owner, Officer or Par	rtner	Title			Date	

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