

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 Name 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*
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		%		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Please utilize the following codes: Officer (OF); Director (D); Trustee (T); Owner at any percent of equity (OW); Partner (P); General Partner of Limited Partnership/LLP (LLP); Employee (E); Receiver (R); Clerk (C); Secretary (S); Assistant Secretary (AS); Other.

After inquiry of each lawyer and employee, has there been any claim or suit, or is any lawyer or employee aware of any circumstances that could result in a claim arising out of the Applicant's, its lawyers' or its employees' activities with any of these entities? Yes No

If 'yes', please provide details and complete a Claim Supplement.

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the application.

Signed: _____ Date: _____
 Partner, Officer and/or Owner

 Title

 Name of Firm

The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of application and before policy inception.

IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY: By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: _____ Title _____ Date _____
 Owner, Officer or Partner