

## Controlling Interests Supplemental Application

Complete only if your firm has 6 or more total attorneys in the firm AND you have a **Controlling Interest** in any organization for which you perform legal services.

Firm Name \_\_\_\_\_

Name of Lawyer	Position Held (Including Committee)	Service Performed	Name of Business	Nature of Business	Equity Interest		% of Firms Gross Billing	D & O Insurance	
					\$ Amount	% of Interest		Yes	No
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>
					\$	%		<input type="checkbox"/>	<input type="checkbox"/>

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

**Notice to Applicant: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Owner/Partner