



Lawyers PROtectSM
Outside Interests Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- This supplement must be completed for each outside interest engaged in by lawyers in the Firm. Attach additional sheets if necessary.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Applicant Name (as identified in the application submitted for the proposed insurance):

2. Outside Organization's Name:

a. Description of organization's business:

b. Outside organization is (check all that apply):
 Nonprofit Public Company Private Company Client Former Client

c. Date interest or position first obtained:

d. Current percent equity interest:

e. Highest percent equity interest:

f. Current percent of annual Firm billings:

g. Current position held by Firm member:
 None Officer Director Trustee Owner Employee Receiver
 General Partner of Limited Partnership/LLP Other (describe):

3. Outside Organization's Name:

a. Description of organization's business:

b. Outside organization is (check all that apply):
 Nonprofit Public Company Private Company Client Former Client

c. Date interest or position first obtained:

d. Current percent equity interest:

e. Highest percent equity interest:

f. Current percent of annual Firm billings:

g. Current position held by Firm member:
 None Officer Director Trustee Owner Employee Receiver
 General Partner of Limited Partnership/LLP Other (describe):

4. Outside Organization's Name:

a. Description of organization's business:

b. Outside organization is (check all that apply):

<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Client	<input type="checkbox"/> Former Client
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c. Date interest or position first obtained:

d. Current percent equity interest:

e. Highest percent equity interest:

f. Current percent of annual Firm billings:

g. Current position held by Firm member:

<input type="checkbox"/> None	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	<input type="checkbox"/> Receiver
<input type="checkbox"/> General Partner of Limited Partnership/LLP			<input type="checkbox"/> Other (describe):		<input type="text"/>	

5. Outside Organization's Name:

a. Description of organization's business:

b. Outside organization is (check all that apply):

<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Public Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Client	<input type="checkbox"/> Former Client
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c. Date interest or position first obtained:

d. Current percent equity interest:

e. Highest percent equity interest:

f. Current percent of annual Firm billings:

g. Current position held by Firm member:

<input type="checkbox"/> None	<input type="checkbox"/> Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Trustee	<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	<input type="checkbox"/> Receiver
<input type="checkbox"/> General Partner of Limited Partnership/LLP			<input type="checkbox"/> Other (describe):		<input type="text"/>	

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
<input type="text"/>	<input type="text"/>