

**HUDSON SPECIALTY INSURANCE COMPANY**  
**LAWYERS**  
**OUTSIDE INTERESTS SUPPLEMENTAL APPLICATION**

Name of Applicant Firm: \_\_\_\_\_

1. Please provide a detailed description of the firm's policy with respect to **Outside Board Positions** with clients:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- a. Please provide a schedule of all attorneys serving on for profit (client) boards; please indicate each respective client. *(Please attach a separate schedule, if necessary.)*

Attorney	Client

2. Please provide a detailed description of the firm's policy with respect to **Outside Business Ownership** in clients:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- a. Please provide a schedule of all firm and/or attorney ownership in client companies, to include the amount and percentage of ownership and whether or not companies are publicly traded. (Only include those holdings exceeding five percent [ $>5\%$ ]) *(Please attach a separate schedule, if necessary.)*

Client	Amount & Percentage of Ownership	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

3. Please provide a detailed description of the firm's policy with respect to **Entrepreneurial Activities** with clients, such as preferential terms, contingent fees on public offerings and finders' fees for arranging financing? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS SUPPLEMENTAL APPLICATION ATTACHES TO AND BECOMES A PART OF THE APPLICATION. THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

**FRAUD WARNINGS**

**To All Prospective Insureds:** 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 materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New York:** 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 materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**SIGNATURE AND AUTHORIZATION**

This Application must be signed and dated by a Principal or Officer of the Applicant Firm. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

\_\_\_\_\_  
Signature of Principal or Officer of Applicant Firm: Date: \_\_\_\_\_

\_\_\_\_\_  
Producer's Name: Area Code: Phone Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable to Iowa Agents Only)

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable to New Hampshire Producers Only)=