

**St. Paul Fire and Marine Insurance Company
Saint Paul, Minnesota**

Your Name (legal name of the law firm or individual applying for this insurance):

Complete this Schedule of Outside Interests for all lawyers in your firm. Do not include "non-profit" or "non-client" organizations.

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

Organization's Name:		Name of Individual Firm Member Holding Interest or Position:	
Nature of Enterprise:	Position Held by Firm Member (e.g., director, partner, employee, investor, etc.)	Explain Services Provided	
	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

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	Equity Interest Held _____ % \$ _____	Indicate Percentage of: Annual Firm Billings _____ % Annual Individual Attorney Billings _____ %	

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all the following:

- The statements and representations made in this supplement are true and complete and will be deemed material to the acceptance of the risk assumed by The St. Paul in the event an insurance policy is issued.
- If the information supplied in this supplement changes between the date of the application and the effective date of any insurance policy issued by The St. Paul in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul is authorized to make an investigation and inquiry in connection with this supplement.
- The St. Paul is not bound or obligated to issue any insurance policy or to provide the insurance requested this supplement.

Signature (<i>Partner, Member, Officer, Shareholder</i>)	Title	Date
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Important note: This supplement to your application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.