

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. Name of client and/or business organization: _____
3. Nature of business: _____
If this business organization is a Financial Institution, please complete the Financial Institution Supplement.
4. Dates of your relationship with this client or entity: From _____ To _____.
Currently a client of the Firm? Yes No
5. Annual percentage of the Firm's gross revenue derived from this client or entity: _____ %
6. Name of individual(s) in Firm with primary relationship to this client or entity, nature of that relationship and legal services provided:

7. Has any present or former member of the Firm referred law firm clients to this business organization? Yes No
If yes, please indicate approximately how many in the past year _____ and past five years _____.
8. Percent of equity interest in client or entity: _____ % Dollar Value: \$ _____
Is this entity publicly owned/traded or privately held? (Please check one.)
9. Name of any other individual(s) in Firm (including attorney and non-attorney staff) providing services to client or entity and nature of those services: _____

10. If any Firm member is a present or past officer or director of the client or entity, is Director's and Officer's Liability Insurance currently in force? Yes No
If yes, please indicate name of insurance company, policy expiration date, limits of liability and deductible carried: _____

11. Describe any management role or committee assignments in client or entity: _____

12. Has this client or entity been sued or threatened with suit in the past five (5) years? Yes No
If yes, please provide details on the Supplemental Claim Form.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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