



James River Insurance Company
 7130 Glen Forest Drive, Suite 210
 Richmond, VA 23226
 804-289-2700

Outside Interest Supplemental Application

PROFESSIONAL LIABILITY Division
 Email to PL@jamesriverins.com or,
 Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Please complete this Supplement if any attorneys serve, or have served, in the past 36 months, as a Director, Officer, Trustee, Partner or Employee of any client of the firm. If additional Supplements are needed please photocopy this supplement.

Attorney's Name	Name of Organization City/State	Nature of Clients Business	Profit or Non-Profit	Date of Affiliation	% of Firm Billings	% of Attorney Billings	% of Equity Interest	Position(s) Held	Legal Services Provided

1. Does your firm always disclose in writing to the client, all actual or potential conflicts of interest which may result from the firm's attorney(s) acting as a Director, Officer, Employee, Fiduciary, or by having a financial interest in the client or entity other than the Applicant firm? Yes No
 If "No", please explain: _____
2. Does your firm maintain guidelines for practice and procedure between those attorneys serving as Directors or Officers or having financial interest in any client of the firm and those attorneys providing legal services? Yes No

3. Are any claims pending against you in your capacity as an Officer, Director etc.? Yes No
4. In the past three years, how many claims have been made against all Director(s)? _____
5. Do you maintain Director and Officer Insurance? Yes No
 If "Yes", please attach a copy of the Declarations page and any endorsements affecting coverage.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In 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 five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____