

**Client, Outside & Equity Interest Supplemental Application**

*Underwritten by Pennsylvania Manufacturers Association Insurance Company*

**NOTICE: THIS APPLICATION IS CONSIDERED PART OF THE APPLICATION FOR INSURANCE AND UNDERWRITING FILE.**

Law Firm name: \_\_\_\_\_

Attorney Name	Position Held	Name of Entity	(Pu)blic or (Pr)ivate Entity	Check if Non-Profit, Charitable or Civic Organization	Equity Interest Percentage	Check if Client of Law Firm	Percent of Law Firm Annual Revenue	Legal Service provided by an Attorney other than the Attorney in Column 1	Directors & Officers Insurance Carried by Entity
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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