

# Controlling Interests – Supplemental Application For Lawyers Professional Liability Insurance Policy



## AMERICAN ZURICH INSURANCE COMPANY

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

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

This document is part of the application for Lawyers Professional Liability Insurance Policy. Provide the information required in the chart for each Attorney having controlling interest personally or on behalf of the firm. If space is insufficient to answer any question fully, attach a separate sheet.

Attorney Name	Position Held (Including Committee)	Services Performed	Name of Business	Nature of Business	Equity Interest		% of Firm's Gross Billings	D&O Insurance	
								Yes	No
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

**Notice to Applicants: 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Principal, Partner or President

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature (Agent):** \_\_\_\_\_ **Date:** \_\_\_\_\_