

**IRONSHORE SPECIALTY INSURANCE COMPANY**

**OUTSIDE INTERESTS SUPPLEMENT FORM**

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

1. Instructions: Complete the following for each client of the Firm

Client Name	Date Client Affiliation Began	Date Outside Interest Began	Name of Lawyer Holding Interest of Position	Nature of Client Enterprise	Nature of Services Provide	Position Held	Current Percentage of Equity Interest Held by			Current Percentage of Billings		Position Covered by D&O Insurance	Limits of Liability	Pending or Threatened Director and Officer Claims Yes/No (6)
					(1)		(2)	(3)	(4)	(5)	Firm			

2. Has any percentage of equity interest or annual percentage of billings shown above been higher since the date of client affiliation began?  
sheet showing history of changes for the past 36 months.  Yes  No If yes, please attach separate
3. Has the Firm documented and disclosed in writing to all clients listed above the potential for conflict of interest as a result of the involvement described above?  
 Yes  No if, yes, does the disclosure:
- a. Clearly describe the nature of the conflict?  Yes  No
  - b. Explain under what conditions it is advisable for the client to seek independent legal advice?  Yes  No
  - c. Reasonably set for the legal and practical consequences should it become necessary for the Firm to withdraw as legal counsel as a result of conflict?  
 Yes  No
  - d. Obtain the client's or its legal representative's consent to continue to perform ongoing legal services?  Yes  No

NOTES: (1) Include legal as well as non-legal (3) The Firm (5) Family member  
(2) Include ALL committee involvement (4) Any Firm member (6) To the best of the Firm member's knowledge