

Outside Interest Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

Provide information for each entity where the **Firm** or any of **You** has an ownership or equity interest, or any of **You** served as an officer/director or exercised any form of managerial control:

Entity Name	Name of Firm Personnel & Position Held	Annual Fees from Entity	Percent Equity Interest	Dates of Engagement	Services Rendered by Firm
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

_____ (mm/dd/yyyy) _____ (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

_____ (mm/dd/yyyy) _____ (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.

Please submit this "Questionnaire" including appropriate documentation to your agent.