

Name of firm: \_\_\_\_\_

Name of Entity	Name of attorney	Position Held	Nature of Business	Current clients of the firm?	Nature of services rendered	D&O Coverage?	Ownership Interest %	Gross Billings
				Y/N		Y/N		

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Officer

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name/Title