



Major Client Supplement

Use letterhead if space is insufficient to answer any question.

Firm: _____ Policy No.: _____

Complete a separate supplement for each client from which 25% or more of the Firm's gross revenues is derived.

1. Identify the client: _____
2. State in which the client is located: _____
3. Date relationship with client began: _____
4. Nature of the client's business: _____
5. Nature of legal services performed for the client: _____
6. Percentage of the Firm's revenues derived from the client: ____%
7. Has the Firm, any lawyer of the Firm or a Relative of any lawyer of the Firm had a financial interest in the client, or been a director, officer, partner, or employee of the client? ("**Relative**" is defined to mean a parent, sibling, spouse, civil union partner, child, or grandparent.) Yes No

If **yes** to above, provide details. If **no** to the above, then proceed to the signature line at the end of this form.

I/We affirm that after an inquiry of all lawyers of the Firm, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signature of Owner, Partner, or Officer (Lawyer Only): _____ Date: _____

Print Name: _____ Title: _____