



**Fireman's
Fund[®]**

**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
COVERAGE APPLICATION FORM
“CLAIMS-MADE” POLICY**

OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Please complete for each current or past member of the firm who has served or is currently serving as a director, officer, partner, or employee of any past or present client.

1. Name of client: _____.
2. Nature of outside interest: _____.
3. Date that outside interest commenced: ____ / ____ / ____
4. Amount of compensation: \$ _____.
5. Amount of equity interest, if any: \$ _____.
6. Please describe the policies, procedures, and/or safeguards in place to ensure avoidance of any potential conflicts of interest: _____

_____.

If necessary, please provide additional narrative on a separate sheet of paper.