



Firm \_\_\_\_\_

**Outside Activities Supplement**

**S-7**

Complete supplement for each entity in which a firm member or spouse holds (or has held within the past five (5) years) an equity interest and/or serves as a director or officer and for whom the Firm provided (provides) professional services. Copy supplement as needed.

Firm Member Name	Entity Name	Industry	Position Held	If Director/Officer is there D&O Insurance?	Percent Equity Interest*	Firm Services	Does the individual listed perform these services?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	%		<input type="checkbox"/> Yes <input type="checkbox"/> No

\* For equity interests, include spousal information.

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature \_\_\_\_\_ Date \_\_\_\_\_