

## MINNESOTA CONTROLLING INTERESTS SUPPLEMENTAL APPLICATION

Complete only if your firm has 6 or more total attorneys in the firm AND you have a **Controlling Interest** in any organization for which you perform legal services.

Firm Name \_\_\_\_\_

Name of Lawyer	Position Held (Including Committee)	Service Performed	Name of Business	Nature of Business	Equity Interest		% of Firms Gross Billing	D & O Insurance	
					% of \$ Amount Interest			Yes	No
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>
					\$	%	%	<input type="checkbox"/>	<input type="checkbox"/>

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD. A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.**

Signature of Owner, Officer or Partner  _____	Title	Date
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