



New Business Application

If space is insufficient to answer any question, use letterhead.

- Firm: _____ Phone Number: _____
Contact Person: _____ Fax Number: _____
- Street Address: _____ Website: _____
Suite Number / PO Box: _____ E-mail: _____
City: _____ County: _____ State: _____ Zip: _____
- List all other office locations (excluding conference room only facilities): _____
- Have any addresses or locations in questions #2 and/or #3 been used by any entity other than the Firm with which the Firm or any lawyer of the Firm had an affiliation? ○ Yes ○ No
If **yes**, identify the entity and describe the affiliation. _____
- Desired Effective Date: _____
- Date Firm Established: _____
- Select limits of liability and deductible. The limits are shared by the Firm and all lawyers of the Firm.

Limits of Liability - Each Claim / Annual Aggregate

- | | |
|--|---|
| <input type="checkbox"/> \$ 250,000 / \$ 500,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000 | <input type="checkbox"/> \$2,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$1,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$4,000,000 / \$4,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 |
| | <input type="checkbox"/> Higher \$ _____ / \$ _____ |

Deductible - Each Claim

- | | |
|----------------------------------|--|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$ 5,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$25,000 |
| | <input type="checkbox"/> Higher \$ _____ |

- Complete the following for each lawyer in the Firm. **If you are a solo practitioner, your information must be listed.** For more than four lawyers, complete the Lawyers' Supplement which can be accessed at isbamutual.com/supplements.

Indicate Role with the following codes:

O = Owner, Officer, Partner; **E** = Employee, Associate; **S** = Shareholder, Member, Director;

I = Independent Contractor, Of Counsel, Contract Employee, Temporary Staff Lawyer

Lawyer's Name/Email Address	ISBA#	ARDC#	# of Hours Per Year Works for the Firm	Role: O,E,S,I	Date Joined the Firm mm/dd/yyyy	Birthdate mm/dd/yyyy
(a) Name: _____	_____	_____	_____	_____	_____	_____
Email _____						
(b) Name: _____	_____	_____	_____	_____	_____	_____
Email _____						
(c) Name: _____	_____	_____	_____	_____	_____	_____
Email _____						
(d) Name: _____	_____	_____	_____	_____	_____	_____
Email _____						

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9. If any lawyer of the Firm works less than full-time for the Firm, provide an explanation (*e.g.*, family care, identify other employment):
10. Identify the number of non-lawyer staff in the Firm: Paralegal _____ Secretary _____ Other/**Provide title for each:**
11. For the past **3 years**, identify the numbers of lawyers: (a) Hired by the Firm: _____ (b) Departed from the Firm: _____
12. Do any lawyers of the Firm have a Professional Corporation (P.C.) which renders professional services for the Firm? Yes No
If **yes**, complete **Professional Corporation Supplement**.
13. Total gross revenue including contingent fees: (a) Past **12 months**: \$ _____ (b) Projected next **12 months**: \$ _____
Revenue information is kept strictly confidential.
14. For plaintiff litigation, average case value: \$ _____
15. Average per lawyer case load: _____
16. Is the Firm or any lawyer of the Firm currently insured? Yes No
If **yes**, (a) Does the Firm or any lawyer of the Firm plan to continue to remain insured under both the existing policy and the new policy for which this application is submitted? (Responding to this question does not constitute notice of cancellation of the Firm's existing policy.) Yes No
(b) In what year did the Firm's continuous malpractice coverage begin? _____
17. Has the Firm or any lawyer of the Firm purchased an extended reporting period endorsement (tail coverage)? Yes No
If **yes**, provide a copy of the endorsement.
18. In the past **5 years**, has any insurance carrier cancelled, refused to renew, or declined to provide professional liability insurance to the Firm or any lawyer of the Firm? If **yes**, provide the insurance carrier's letter. Yes No
19. List all professional liability coverage that the Firm and lawyers of the Firm had in the past **3 years**.

Firm Name	Policy Period	Insurance Company	Limit of Liability per Claim/ Aggregate	Deductible	Premium	Number of Lawyers Employed
_____	_____	_____	\$ _____ / \$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____ / \$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____ / \$ _____	\$ _____	\$ _____	_____

20. In the past **2 years**, has the Firm or any lawyer of the Firm received an inquiry, a request for investigation of a lawyer, correspondence reflecting an investigation will not proceed, or an inquiry from or to a disciplinary body; given a sworn statement; or gone before the Inquiry Panel with regard to the ARDC or a disciplinary body? Yes No
If **yes**, (a) Identify the number **open**: _____ Provide a copy of all communication with the disciplinary body or court.
(b) Identify the number **closed**: _____ Provide disciplinary body closing letter(s) or court order(s).
21. In the past **7 years**, has the Firm or any lawyer of the Firm been disbarred, suspended, refused admittance to practice, reprimanded, sanctioned, or held in contempt by a court, administrative agency, regulatory or disciplinary body, had a disciplinary complaint issued, or been the subject of a disciplinary trial? Yes No
If **yes**, provide documentation, dates, and details.

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Complete the supplement indicated only if a “yes” response is indicated below:	Complete Supplement	No Supplement Needed	Supplement to Complete
22. In the past 2 years , has any lawyer of the Firm been involved in a transaction in which a client wired money to an account in the name of an unintended recipient? If yes , provide name of the client and dates. _____	<input type="radio"/> Yes	<input type="radio"/> No	
23. Has a claim ever been made or suit filed against the Firm or any lawyer of the Firm? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.) If yes , provide the year when the most recent claim was made: _____	<input type="radio"/> Yes	<input type="radio"/> No	
24. Is the Firm or any lawyer of the Firm aware of any circumstance or incident that may result in a claim or suit? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.) If yes , identify the number of circumstances and incidents: _____	<input type="radio"/> Yes	<input type="radio"/> No	Claim
25. During the past 7 years , has any claim been made or suit filed or been in open status against: the Firm or a Prior Firm, any current lawyer of the Firm or a Prior Firm; or, to your knowledge, any former lawyer of the Firm or a Prior Firm? (“ Prior Firm ” means any law firm or professional legal corporation of which at least half of the lawyers are now affiliated with the Firm. Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.) If yes , identify the number of claims and suits: _____	<input type="radio"/> Yes	<input type="radio"/> No	Claim
26. In the past 2 years , has any lawyer of the Firm been deposed, the subject of a sanctions motion, or received a subpoena for their file on a matter other than those identified in response to questions #24 and #25 ?	<input type="radio"/> Yes	<input type="radio"/> No	Deposition/ Sanction/ Subpoena
27. Does any lawyer of the Firm have a pending criminal charge, excluding traffic violations and DUI? If yes , provide details, dates, and status. _____	<input type="radio"/> Yes	<input type="radio"/> No	
28. During the past 3 years , has the Firm or any lawyer of the Firm:			
(a) provided legal services in connection with the issuance, offering, or sale of securities?	<input type="radio"/> Yes	<input type="radio"/> No	Securities
(b) provided legal services in connection with an insolvent financial institution in which they either served as a director, officer or committee member and/or held an equity interest?	<input type="radio"/> Yes	<input type="radio"/> No	Financial Institution
(c) provided legal services in connection with the formation, syndication, promotion, or management of any limited partnership or private placement excluding circumstances in which the Firm only prepares Articles of Organization to be filed with the Secretary of State?	<input type="radio"/> Yes	<input type="radio"/> No	Limited Partnership
(d) acted in the capacity or with the title of “trustee” or had discretionary investment authority over client funds?	<input type="radio"/> Yes	<input type="radio"/> No	Fiduciary
(e) provided services as a real estate or insurance agent or broker; or financial or securities counselor, consultant, or broker? If yes , identify license, dates, and employer. _____	<input type="radio"/> Yes	<input type="radio"/> No	
29. Is more than 15% of the Firm’s practice outside of Illinois (including contingency fee referrals)?	<input type="radio"/> Yes	<input type="radio"/> No	Out of State
30. Does the Firm or any lawyer of the Firm own 100% of a title agency for which coverage is sought?	<input type="radio"/> Yes	<input type="radio"/> No	Title
31. Do any of the Firm’s clients comprise 25% or more of the Firm’s gross revenue?	<input type="radio"/> Yes	<input type="radio"/> No	Major Client
32. In the past 2 years , has the Firm or any lawyer of the Firm sued any client for fees, excluding suits brought pursuant to the Illinois Marriage and Dissolution of Marriage Act?	<input type="radio"/> Yes	<input type="radio"/> No	Fee Suit

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Complete the supplement indicated only if a "yes" response is indicated below:

	Complete Supplement	No Supplement Needed	Supplement to Complete
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33. With regard to professional services involving residential loan or mortgage modification, workout, refinance, origination, or sales/leaseback on behalf of debtors, has the Firm or any lawyer of the Firm rendered these services to more than **15 clients** in the past **2 years**? Yes No Residential
34. During the past **3 years** has the Firm or any lawyer of the Firm:
- (a) been a director, officer, or owner of a business or entity other than the Firm? Yes No
 - (b) worked as an employee, independent contractor, contract lawyer, or Of Counsel of a business or entity other than the Firm? Yes No
 - (c) worked as a public official? Yes No
 - (d) rendered professional services to a business or entity owned by a Relative? Yes No

If "yes" to 34 (a), (b), (c), or (d), then complete parts 1-7 below. If multiple entities, complete the **Entity Supplement** which can be accessed at isbamutual.com/supplements.

- (1) Business or entity name: _____
- (2) Identify the nature of the business or entity: _____
- (3) Dates of affiliation (mm/dd/yyyy): Start Date: _____ End Date: _____ or Still Employed
 - (i) If still employed, then is there an anticipated departure date? Yes No If **yes**, provide departure date: _____
- (4) Describe the work the Firm or any lawyer of the Firm performed for the business or entity: _____
- (5) Number of hours per week that the Firm or lawyer of the Firm devoted to the business or entity: _____
- (6) Total combined percent ownership interest of the Firm, lawyers of the Firm and their Relatives: _____%
- (7) Has the Firm or any lawyer of the Firm rendered legal services for the business or entity? Yes No

35. Does the Firm or any lawyer of the Firm case share (CS), co-counsel (CC), refer or delegate (RD), or office share (OS) with any lawyers or other professionals? Yes No

If **yes**, (a) Identify the percent of the Firm's cases which the Firm refers to lawyers for a contingency fee. _____%

(b) Identify lawyers and professionals, nature of relationship, and whether the lawyers and professionals carry malpractice insurance.

Lawyer/Professional's Name	Firm Name	City, State	Identify CS, CC, RD, OS	Carries Malpractice Insurance? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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36. Identify the percent (%) of the Firm's practice devoted to the following categories. Visit isbamutual.com/supplements for all supplements.
(Must equal 100% in total. Please use whole numbers only.)

1 <input type="checkbox"/> Administrative	Employment	33 <input type="checkbox"/> Other ³
2 <input type="checkbox"/> Admiralty	18a <input type="checkbox"/> Employer	Plaintiff
3 <input type="checkbox"/> Antitrust	18b <input type="checkbox"/> Labor Union-Employee	Bodily or Personal Injury
4 <input type="checkbox"/> Appellate	18c <input type="checkbox"/> Non-Labor Union-Employee	34a <input type="checkbox"/> Value under \$1 million
5 <input type="checkbox"/> Arbitration/Mediation (not Family Law)	19 <input type="checkbox"/> Entertainment/Sports ¹	34b <input type="checkbox"/> Value over \$1 million
6 <input type="checkbox"/> Banking	20 <input type="checkbox"/> Environmental ¹	Medical Malpractice
7 <input type="checkbox"/> Bankruptcy	21 <input type="checkbox"/> ERISA	34c <input type="checkbox"/> Value under \$1 million
8 <input type="checkbox"/> Bonds (not Municipal/Government)	Estate/Probate/Trust/Wills	34d <input type="checkbox"/> Value over \$1 million
9 <input type="checkbox"/> Civil Rights (non-Class Action)	22a <input type="checkbox"/> Estates under \$1 million	34e <input type="checkbox"/> Workers' Compensation
10 <input type="checkbox"/> Class Action including Civil Rights	22b <input type="checkbox"/> Estates over \$1 million	Real Estate
11 <input type="checkbox"/> Collections ¹	23 <input type="checkbox"/> Family Adoptions	Commercial
12a <input type="checkbox"/> Commercial Litigation ²	Family Law	35a <input type="checkbox"/> Value under \$1 million
12b <input type="checkbox"/> Commercial Transaction ²	24a <input type="checkbox"/> Estates under \$1 million	35b <input type="checkbox"/> Value over \$1 million
13 <input type="checkbox"/> Construction	24b <input type="checkbox"/> Estates over \$1 million	35c <input type="checkbox"/> Development
Corporate	25 <input type="checkbox"/> Guardianship	35d <input type="checkbox"/> Residential
14a <input type="checkbox"/> Acquisitions/Mergers	26 <input type="checkbox"/> Foreclosure	35e <input type="checkbox"/> Syndication
14b <input type="checkbox"/> Formations	27 <input type="checkbox"/> Immigration ¹	35f <input type="checkbox"/> Title
14c <input type="checkbox"/> General	28 <input type="checkbox"/> International ³	36 <input type="checkbox"/> Securities ¹
15 <input type="checkbox"/> Criminal	Intellectual Property	Federal, State, Private Placement or Exempt
Defense	29a <input type="checkbox"/> Copyright	Tax
16a <input type="checkbox"/> Bodily/Personal Injury	29b <input type="checkbox"/> Patent ¹	37a <input type="checkbox"/> Opinions/Advice
16b <input type="checkbox"/> Insurance	29c <input type="checkbox"/> Trademark	37b <input type="checkbox"/> Preparations
16c <input type="checkbox"/> Medical Malpractice	30 <input type="checkbox"/> Lobbying	38 <input type="checkbox"/> Traffic
16d <input type="checkbox"/> Workers' Compensation	31 <input type="checkbox"/> Municipal/Government-Not Bonds ⁴	39 <input type="checkbox"/> Utilities
17 <input type="checkbox"/> Elder	32 <input type="checkbox"/> Oil/Gas/Mining	

¹ Complete the corresponding supplement.

² Do not include securities or intellectual property as they are separate categories.

³ Elaborate here or on letterhead:

⁴ Municipal/Government:

(a) Is a lawyer of the Firm an employee of the municipal/government entity? Yes No

(b) Does the Firm or any lawyer of the Firm have a title for municipal/government work? Yes No If yes, identify title: _____

Total: _____ Total must equal 100%.

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 _____

Signing this form and tendering premium does not bind the Company to provide the insurance. This coverage is provided on a "claims-made-and-reported" basis. Only claims which are first made against you and reported to us during the policy term are covered, subject to policy provisions. Nothing contained herein nor attached constitutes the rendering of legal advice or an indication of coverage, and should not be interpreted as such.