

## New Lawyer Program Application

Use letterhead if space is insufficient to answer any question. "You" and "Your" refer to the Firm and the lawyer at the Firm. All lawyers insured by ISBA Mutual must be members of the Illinois State Bar Association ("ISBA").

1. Requested Effective Date: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Lawyer Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_
2. Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Suite Number/P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. ARDC Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 ISBA Number (if known): \_\_\_\_\_ Law School Graduation Date: \_\_\_\_\_  
 Law School from which you graduated: \_\_\_\_\_  
 Dates and States in which you have been licensed to practice law: \_\_\_\_\_

**If you were first licensed to practice law more than three years after graduating from law school**, provide employment history on letterhead.

- | Complete the supplement indicated only if a "yes" response is indicated below:   | Complete Supplement       | No Supplement Needed     | Supplement To Complete |
|--|---------------------------|--------------------------|------------------------|
| 4. Do you practice from any other office location (excluding conference room only facilities)?<br>If <b>yes</b> , list location(s): _____  | <input type="radio"/> Yes | <input type="radio"/> No |                        |
| 5. Have any addresses in questions #2 or #4 been used by any entity other than your Firm with which you had an affiliation?  | <input type="radio"/> Yes | <input type="radio"/> No |                        |
| 6. Has any insurance carrier cancelled, rescinded, or refused to renew your professional liability insurance; or declined to provide or restricted coverage to you for any professional liability policy?<br>If <b>yes</b> , provide insurance company's letter.   | <input type="radio"/> Yes | <input type="radio"/> No |                        |
| 7. Has any claim been made or suit filed or been in open status against you? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.)   | <input type="radio"/> Yes | <input type="radio"/> No | Claim                  |
| 8. Are you aware of any circumstance or incident that may result in a claim or suit against you? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.)<br>If <b>yes</b> , identify the number of circumstances and incidents: _____  | <input type="radio"/> Yes | <input type="radio"/> No | Claim                  |
| 9. Have you received a request for an investigation of a lawyer, or an inquiry made to or by any administrative agency, court, regulatory body, disciplinary body, or the ARDC?<br>If <b>yes</b> , Number open: _____ Provide a copy of all documentation.<br>Number closed: _____ Provide the closing letter(s) or court order(s).                    | <input type="radio"/> Yes | <input type="radio"/> No |                        |
| 10. Have you ever been disbarred, suspended, refused admittance to practice, reprimanded, sanctioned or held in contempt by any court, administrative agency, regulatory or disciplinary body, or had a disciplinary complaint issued or been the subject of a disciplinary trial?<br>If <b>yes</b> , provide documentation and explain on letterhead. | <input type="radio"/> Yes | <input type="radio"/> No |                        |

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Complete the supplement indicated only if a “yes” response is indicated below:	Complete Supplement	No Supplement Needed	Supplement To Complete
11. Do you have a pending criminal charge, excluding traffic violations and DUI? If <b>yes</b> , provide nature of charge, status, and dates: _____	<input type="radio"/> Yes	<input type="radio"/> No	
12. Is any of your practice <b>outside</b> of Illinois (including contingency fee referrals)?	<input type="radio"/> Yes	<input type="radio"/> No	Out of State
13. During the past <b>3 years</b> have you:			
(a) been a director, officer, or owner of a business or entity other than your Firm?	<input type="radio"/> Yes	<input type="radio"/> No	
(b) worked as an employee, independent contractor, contract lawyer or Of Counsel of a business or entity other than your Firm?	<input type="radio"/> Yes	<input type="radio"/> No	
(c) worked as a public official?	<input type="radio"/> Yes	<input type="radio"/> No	
(d) rendered professional services to a business or entity owned by a Relative? “ <b>Relative</b> ” is defined to mean a parent, sibling, spouse, civil union partner or grandparent.	<input type="radio"/> Yes	<input type="radio"/> No	
If “ <b>yes</b> ” to 13 (a), (b), (c), or (d), then complete parts 1-7 below. If multiple entities, complete the <b>Entity Supplement</b> which can be accessed at <a href="http://isbamutual.com/supplements">isbamutual.com/supplements</a> .			
(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 <input type="checkbox"/> Still Employed			
(i) If still employed, then is there an anticipated departure date? <input type="radio"/> Yes <input type="radio"/> No If <b>yes</b> , provide departure date: _____			
(4) Describe the work you performed for the business or entity:			
(5) Number of hours per week you devoted to the business or entity: _____			
(6) Total combined percent ownership interest of you and your Relatives: _____%			
(7) Have you rendered legal services for the business or entity?	<input type="radio"/> Yes	<input type="radio"/> No	
14. Do any of your clients comprise <b>25%</b> or more of your gross revenues?	<input type="radio"/> Yes	<input type="radio"/> No	Major Client
15. Have you sued for fees excluding suits brought pursuant of the Illinois Marriage and Dissolution of Marriage Act?	<input type="radio"/> Yes	<input type="radio"/> No	Fee Suit
16. Have you had investment authority over client funds or acted in the capacity of a trustee?	<input type="radio"/> Yes	<input type="radio"/> No	Fiduciary
17. During the past <b>3 years</b> , have you provided services as a real estate or insurance agent or broker; or financial or securities counselor, consultant, or broker? If <b>yes</b> , provide your title, employer’s name(s), and dates: _____	<input type="radio"/> Yes	<input type="radio"/> No	
18. With regard to professional services involving residential loan or mortgage modification, workout, refinance, origination, or sales/leaseback on behalf of debtors, have you rendered these services in the past <b>3 years</b> to more than <b>15 clients</b> ?	<input type="radio"/> Yes	<input type="radio"/> No	Residential

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

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

<sup>1</sup> Complete the corresponding supplement.

<sup>2</sup> Do not include securities or intellectual property as they are separate categories.

<sup>3</sup> Elaborate here or on letterhead:

<sup>4</sup> Municipal/Government

(a) Are you an employee of the municipal/government entity?  Yes  No

(b) Do you have a title for municipal/government work?  Yes  No If yes, identify title: \_\_\_\_\_

**Total: \_\_\_ Total must equal 100%.**

<b>Limit of Liability - Each Claim / Annual Aggregate</b> <b>\$250,000 / \$500,000</b>	<b>Deductible</b> <b>Each Claim: \$1,000</b>
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I affirm that the information contained herein is true and complete to the best of my knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signature of Owner 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.