

Add a Lawyer

Use letterhead if space is insufficient. Adding a lawyer may result in a proportionate increase in premium. For example, if you are a solo practitioner, your premium may double due to the addition of one lawyer.

Firm: _____ Policy No.: _____

Name of Lawyer To Be Added ("New Lawyer"): _____

Email Address: _____ Date of Birth: _____

ARDC Number: _____ ISBA Member Number: _____

Date Admitted to Illinois Bar: _____ Date Hired by Firm: _____

Date Began Private Practice: _____ Year Graduated From Law School: _____

Check New Lawyer's Position With Firm:

- Owner
 Partner
 Officer
 Director
 Shareholder
 Member
 Contract Employee
 Employee
 Of Counsel
 Independent Contractor
 Temporary Staff Lawyer
 Other (Provide details.) _____

- Number of hours annually the New Lawyer will work for the Firm: _____ hours annually
If working less than full time for the firm, provide an explanation (*e.g.*, family care, identify other employment).

- Has any claim been made or lawsuit brought against the New Lawyer in the past **7 years**? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.) Yes No
If **yes**, complete a Claim Supplement (isbamutual.com/supplements) and provide a **7 year** loss run from the New Lawyer's prior insurance companies.
- Is the New Lawyer aware of any circumstance or incident that may result in a claim or lawsuit against the New Lawyer? (Do not confine your response to professional liability claims and suits, but exclude vehicle/personal injury.) Yes No
If **yes**, complete a Claim Supplement (isbamutual.com/supplements) and provide a **7 year** loss run from the New Lawyer's prior insurance companies.
- Has the new lawyer been deposed, received a subpoena for records, or had sanctions sought from the New Lawyer in the past **2 years**? Yes No
If **yes**, provide names of parties involved and details. _____
- Has the New Lawyer been disciplined, suspended, disbarred, sanctioned, refused admittance to practice, held in contempt, or reprimanded? Yes No
If **yes**, provide documentation and explanation. _____
- Has the New Lawyer been investigated and/or received communication from a disciplinary body or court regarding the New Lawyer's conduct in the past **2 years**? 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's closing letter(s) or court order(s).

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7. Will the New Lawyer work or render services on behalf of any entity other than the Firm? Yes No

If **yes**, identify the entity: _____

8. Excluding Illinois, identify all states and dates admitted to practice law:

State/Date: _____ State/Date: _____ State/Date: _____

9. List the New Lawyer's employers for the past **2 years** including dates of employment.

Name of Employer	Date of Hire (mm/dd/yyyy)	Date Employment Ended (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____

10. Excluding Illinois, identify all states and countries in which the New Lawyer **currently practices** including contingency fee referrals, and the percentage in each.

State/Country	Percent of Practice
_____	_____
_____	_____

11. Excluding Illinois, identify all states and countries in which the New Lawyer **plans to practice** including contingency fee referrals, and the percentage in each.

State/Country	Percent of Practice
_____	_____
_____	_____

12. Identify all areas of practice in which the New Lawyer **currently practices** and the percentage of time devoted to each area of practice. (The total should equal 100%.)

_____	_____
_____	_____

13. Identify all areas of practice in which the New Lawyer **plans to practice** and the percentage of time anticipated to be devoted to each area of practice. (The total should 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 endorsement and/or policy of insurance and deemed incorporated therein.

Signature of New Lawyer _____ Date _____

Print Name _____ Title _____

Signature of Owner, Partner or Officer (Lawyer Only) _____ Date _____

Print Name _____ Title _____