

Entity Supplement

Complete one Entity Supplement for each business or entity. Use letterhead if space is insufficient to answer any question.

Firm: _____ Policy No.: _____

1. Is the Firm applying for a new policy with ISBA Mutual? Yes No

If **yes**, then respond to all of the questions below for the period of the past **3 years**.

If **no**, then respond to all of the questions below for the period of the past **12 months**.

2. Business or Entity Name: _____

With regard to the business or entity identified above:

a. Has the Firm or any lawyer of the Firm:

- (1) been a director, officer, or owner of business or entity other than the Firm? Yes No
- (2) worked as an employee, independent contractor, contract lawyer or Of Counsel of a business or entity other than the Firm? Yes No
- (3) worked as a public official? Yes No
- (4) rendered professional services to a business or entity owned by a Relative? Yes No

"Relative" is defined to mean a parent, sibling, spouse, civil union partner, child, or grandparent.

b. Complete the following for this business or entity:

- (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) Does the Firm or any lawyer of the Firm plan to continue to work for the business or entity? Yes No
- (8) Has the Firm or any lawyer of the Firm rendered legal services for the business or entity? Yes No

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 _____