

Fee Suit Supplement

Firm: _____ Policy No.: _____

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

If **yes**, then provide the information below for the period of the past **2 years**.

If **no**, then provide the information below for the period of the past **12 months**.

Complete the following information for each client sued for fees by the Firm. Only list suits **not** brought pursuant to the Illinois Marriage and Dissolution of Marriage Act. Use letterhead if space is insufficient to answer any question.

Client	Suit Date	Fee Amount	Status/Outcome	Dates of Representation	Nature of Legal Services Rendered	Is client still a client?	
						Yes	No
1.							
2.							
3.							
4.							
5.							

I/We affirm that after an inquiry of all lawyers of 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 _____