

Immigration Supplement

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. Identify the number of immigration law matters on which the Firm has been retained: _____
3. Identify the number of immigration law clients the Firm currently represents: _____
4. Identify the number of new immigration clients that the Firm anticipates representing in the next **12 months**: _____
5. Identify the Firm's current and anticipated sources of immigration clients including the names of entities, organizations, firms, or individuals, as well as the Firm's relationship with the referral source.

6. Identify the experience and training in immigration law of the lawyers handling immigration law at the Firm, and provide relevant dates.

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 _____