

Lawyers' Supplement – New Business

Review the information listed below. If you are a solo practitioner, your information must be listed. To add a lawyer, on the bottom of the list below, write the name of any lawyer to be added and complete an Adding a Lawyer Form. To delete a lawyer, put a line through the name of any lawyer to be deleted and complete the Removing a Lawyer Form. Adding and Removing a Lawyer Forms are accessible at isbamutual.com/supplements.

Indicate Role with the following codes:

- O** = Owner, Officer, Partner; **E** = Employee, Associate; **S** = Shareholder, Member, Director;
- I** = Independent Contractor, Of Counsel, Contract Employee, Temporary Staff Lawyer

Firm: _____ Policy No. _____

Lawyer's Name	Lawyer's Email Address	ISBA Member Number	ARDC Number	# of Hours Per Year Works for the Firm	Role: O,E,S,I	Date Joined the Firm mm/dd/yyyy	Date of Birth mm/dd/yyyy

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, Officer (Lawyer Only): _____ Date: _____

Print Name: _____ Title: _____