ISBAMutual
Lawyers' Malpractice Insurance

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# Lawyers' Supplement – Renewal

Review the information listed below. Any lawyer who is an **owner (O), officer (OF), partner (P), employee (E), shareholder (S), member (M), director (D), independent contractor (IC), Of Counsel (OC), contract employee (CE) or temporary staff lawyer (TS)** with the Firm must be 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.

Firm: _____ Policy No. _____

| Lawyer's Name | Lawyer's Email Address | Date of Birth mm/dd/yy | ISBA Member Number | ARDC Number | O, OF, P, E, S, M, D, IC, OC, CE, TS | Lawyer's Individual Prior Acts Date mm/dd/yy |
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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: _____