

Professional Corporation (PC) Supplement

Do not use this form if the Named Insured Firm ("Firm") directly employs the lawyer with the PC. This Form is for circumstances in which the Firm employs a PC devoted strictly to the practice of law **in lieu of the Firm employing the lawyer affiliated with the PC.** Use letterhead if space is insufficient to answer any question.

Firm (Named Insured from Declarations Page): _____ Policy No.: _____

1. Name of the Professional Corporation ("PC"): _____

2. Desired effective date for PC coverage: _____

3. Date of PC incorporation: _____

4. Identify all law firms or entities on behalf of which the PC rendered services in the past 5 years and describe the nature of the services that the PC rendered.

5. Will the PC render services other than the practice of law on behalf of the Firm? Yes No
If **yes**, provide details.

6. Identify and provide the title for everyone **currently** employed by, working for, affiliated with, or rendering services on behalf of the PC including but not limited to owners, officers, shareholders, members, employees, etc.

7. Identify everyone who was employed by, worked for, was affiliated with, or rendered services on behalf of the PC during the past two years **who is not identified in response to question #6 above.**

8. During the past 7 years, has any claim been made or suit filed against the PC or anyone affiliated with or rendering services on behalf of the PC? Yes No
If **yes**, complete a **Claim Supplement** on each matter (isbamutual.com/supplements).

9. Is anyone affiliated with the PC (including but not limited to owners, officers, shareholders, members, employees, etc.) aware of any circumstance or incident that may result in a claim or suit against the PC or anyone affiliated with the PC? Yes No
If **yes**, complete a **Claim Supplement** on each matter (isbamutual.com/supplements).

Professional Corporation (PC) Supplement

10. Is the PC currently insured? Yes No

If **yes**, provide a copy of the PC's current policy.

11. When was the first errors and omissions policy issued to the PC?

a. Check one: Date: __/__/____ or Never Insured

b. If a date is provided in 11a above, was the errors and omissions insurance ever cancelled or non-renewed after the date provided in 11a? Yes No

If **yes** to 11b, provide details and the date of termination.

12. Does the PC appear on letterhead? Yes No

If **yes**, provide all letterhead on which the PC appears.

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 endorsement and/or policy of insurance and deemed incorporated therein.

Signature of PC Owner or Officer (Lawyer Only) _____
Date

Printed Name of PC Owner or Officer (Lawyer Only) _____
Title

Signature of Owner, Officer or Partner of Firm (Lawyer Only) _____
Date

Printed Name of Owner, Officer or Partner of Firm (Lawyer Only) _____
Title