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ADD A LAWYER SUPPLEMENTAL APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

- **NOTE: Adding a Lawyer will result in an increase in premium. For example, if you are a solo practitioner, your premium may double due to the addition of a Lawyer.**
- **Complete a separate Add a Lawyer Supplemental Application for each new Lawyer of the Firm.**

Full Legal Name of the Firm:
Policy Number (if ISBA Mutual Insured):

LAWYER INFORMATION

Lawyer Name:	
Lawyer's First Date of Employment with the Firm (mm/dd/yyyy):	
E-mail Address:	
Designation (see below):	
Date Admitted to Illinois Bar (mm/dd/yyyy):	
ISBA Number (ISBA Membership is required):	
ARDC Number:	
Average Number of Hours New Lawyer Will Work Per Week on Behalf of the Firm*:	
*If Less than 30 hours per week, provide an explanation (i.e. family care, other employment, etc.) and number of hours per week spent:	
Date of Birth (mm/dd/yyyy):	
Area of Practice:	
Does at least one (1) Senior Partner, Owner or Officer of the Firm review the cases that are brought into the Firm by the new Lawyer from the prior firm for potential claims or conflicts of interest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the new Lawyer been trained on the Firm's internal office procedures such as Docket Control, Conflict Check, Client Communication Protocol, etc.?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If No , will such training occur within the next thirty (30) days?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Designations: O = Owner, Officer, or Shareholder; P = Partner of a Partnership; A = Associate or Employed Lawyer; S = Solo Practitioner; IC = Independent Contractor*; or OC = Of Counsel*. ***Please complete the Of Counsel/Independent Contractor Supplemental Application.**

PRIOR CLAIMS EXPERIENCE AND/OR KNOWLEDGE OF LOSS

1. Has any professional liability Claim* or suit been made against the new Lawyer indicated above? If Yes , provide number _____.		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is the new Lawyer indicated above aware of any potential Claim* including but not limited to an act, error, omission, fact, circumstance, tolling agreement, ARDC complaint, situation, legal work or any allegation of negligence that might result in any professional liability Claim* or suit against the Firm, or any predecessor in business, or any past or present Lawyer in the Firm regardless whether such Claim* would be without merit? If Yes , provide number _____.		<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to questions 1 or 2 above, complete a Claim Supplemental Application for each prior Claim* or potential Claim* . This Application must be accompanied by applicable currently valued Loss Runs for the Past Five (5) Years .		
3. Has the new Lawyer indicated above been the subject of any of the following disciplinary actions, investigations or proceedings by any court, bar association, administrative agency or regulatory body?		
Proceeding/Action		Proceeding/Action
Pending Investigation/Proceeding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Censured <input type="checkbox"/> YES <input type="checkbox"/> NO
Refused Admittance to Bar or Court	<input type="checkbox"/> YES <input type="checkbox"/> NO	Suspended <input type="checkbox"/> YES <input type="checkbox"/> NO
Sanctioned or Fined	<input type="checkbox"/> YES <input type="checkbox"/> NO	Disbarred <input type="checkbox"/> YES <input type="checkbox"/> NO
Reprimanded	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (specify): <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to any of the above, provide complete details of each on Firm letterhead, signed and dated, including copies of the complaint, current disposition and/or a copy of the final opinion or decision of the court, bar association, administrative agency or regulatory body.		

***Claim** means a demand received for money or services, or the service of a suit or the initiation of an arbitration proceeding against the Applicant Firm that seeks damages arising out of an act, error or omission in rendering professional legal services including an act, error or omission of which the Applicant Firm, or anyone associated with the Applicant Firm is aware and which they know, or ought reasonably to have known, might give rise to a demand for money or services, or the service of suit or arbitration proceeding against them.

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR DAMAGES OR CLAIMS EXPENSE IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON ARISING OUT, DIRECTLY OR INDIRECTLY RESULTING FROM OR, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY PROFESSIONAL LIABILITY CLAIM OR SUIT, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH, OR THAT SHOULD HAVE BEEN SET FORTH, IN CONNECTION WITH THE ABOVE CLAIM QUESTIONS.

REPRESENTATIONS AND WARRANTIES

The Firm and the Lawyer indicated above understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm and the Lawyer indicated above further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm and the Lawyer indicated above hereby represent and warrants that the following are true and correct as of the date coverage was bound with the Company:

- a. The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.
- b. No **Claim*** has been made against the Lawyer indicated above nor has the Lawyer indicated above received a request for deposition in the past five (5) years and no disciplinary action, investigation or proceeding have been filed against the Lawyer indicated above other than as disclosed in the Application and/or loss runs submitted to the Company.
- c. The Lawyer indicated above is not aware of any potential **Claim*** including but not limited to an act, error, omission, fact, circumstance, tolling agreement, request for deposition, a subpoena for any file, disciplinary action, investigation or proceeding, situation, legal work or any allegation of negligence that might result in any professional liability **Claim*** against the Lawyer indicated above regardless whether such **Claim*** would be without merit other than as disclosed in the Application.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the insurance company to complete the insurance, but it is agreed that this Application and any additional documents submitted therewith are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

SIGNATURE

Signature of Lawyer Being Added

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶

SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶