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PLAINTIFF SUPPLEMENTAL APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.

INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm"). Answer all questions completely.

Firm Name:

Policy Number (If an ISBA Mutual Insured):

CASE INFORMATION

Please complete the chart below based on the Firm's five (5) largest Plaintiff cases concluded in the past thirty-six (36) months:

Type of case (Med Mal, Class Action/Mass Tort)	Case size (\$)	Co-Counsel / Referral	Jurisdiction (City, State)

Additional Information

1. What is the average dollar amount of awards, judgments and settlements in Plaintiff cases in the past twelve (12) months?	
2. Total number of plaintiff cases in the past twelve (12) months?	
3. Total number of out of state plaintiff cases in the past twelve (12) months? If any, please provide type of case, case size (\$) and jurisdiction in the space provided below.	
4. Please answer the following questions regarding the referral of cases:	
a. Does the Firm obtain evidence of professional liability insurance when cases are referred to, and referred from, other law firms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Does the Firm use a written agreement for all cases referred to, and referred from, other law firms? If Yes, does the agreement outline the responsibilities of each firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
c. Does the client confirm in writing when referral arrangements have been made and acknowledge the fee received by each Lawyer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Does the Firm diary and follow-up on statutes of limitations and other deadlines on cases referred out to other counsel? If No, please describe Firm's protocol with regard to referral of cases in the space provided below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the firm handle any class action/mass tort cases? If Yes, please describe the types of cases in the space provided below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Firm's gross revenue for the most recent fiscal year?	

ACKNOWLEDGMENT

The undersigned declares that to the best of their 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 this Application does not bind ISBA Mutual Insurance Company (the Company) to issue a policy. It is agreed that this Application, attachments and other material submitted to the Company for consideration of the issuance of a policy are the representations of the firm and shall be relied upon by Us should a policy be issued by ISBA Mutual Insurance Company.

SIGNATURE

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

Name:		Title:	
SIGNATURE ▶		DATE ▶	