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PRACTICE SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. ONLY COMPLETE THE APPROPRIATE SECTION BELOW. If space is needed for further explanation, please use Applicant letterhead.

Applicant Name: _____ Policy No. (if applicable): _____

1. For a "Yes" response to Application Question 10:

Applicant's client(s) from which Applicant derives 25% or more of total gross revenue. Answer separately for each client.

(a) Identify the client. _____

(b) Nature of client or client's business. _____

(c) Nature of legal services performed for client. _____

(d) Percent of Applicant's revenues derived from client. _____

(e) In the past or present, has Applicant/Applicant member or a relative of Applicant/Applicant member maintained a financial interest in client, or been a director, officer, partner, or employee of client? No Yes
If yes, provide details. _____

2. For a "Yes" response to Application Question 11:

Applicant or any Applicant member's legal services outside of the state of Illinois either with or without other counsel (including contingent fee referrals) in the past 5 years:

(a) Identify the states and the percent of Applicant's total legal practice conducted in each state other than Illinois in which Applicant or Applicant member provided legal services in the past 5 years (including contingency fee referrals).

State: _____ State: _____ State: _____

% of Practice in above state: _____ % of Practice in above state: _____ % of Practice in above state: _____

(b) Does Applicant anticipate maintaining this approximate percentage of practice by state? No Yes

If no, please explain. _____

(c) Has Applicant or Applicant member practiced law or provided legal services in the past 5 years in any state in which Applicant or Applicant member was neither licensed nor admitted *pro hac vice*? No Yes

If yes, please explain. _____

I affirm that the information contained herein is true and complete to the best of my knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer _____ Date _____

Print Applicant Name _____ Title _____

