

# ISBA MUTUAL INSURANCE COMPANY

## ADDING AN ATTORNEY Form

PLEASE TYPE OR PRINT IN INK. Each new attorney must complete and sign this form. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

1. Firm Name \_\_\_\_\_ 2. Policy Number IL \_\_\_\_\_ -- \_\_\_\_\_

3. New Attorney Name \_\_\_\_\_

4. ARDC Number \_\_\_\_\_ 5. ISBA Member Number \_\_\_\_\_

6. Date Admitted to Illinois Bar \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 7. Date New Attorney Hired \_\_\_\_ / \_\_\_\_ / \_\_\_\_

8. Year Graduated \_\_\_\_\_ 9. Years in Private Practice \_\_\_\_\_

10. State(s) Admitted to Practice \_\_\_\_\_

11. New Attorney Status in Firm (check one from list below)

Owner  Partner  Officer  Director

Employee  Of Counsel\*\*  Independent Contractor\*\*

**\*\*If Of Counsel and/or Independent Contractor are checked above, please explain new attorney status on new attorney/Firm letterhead; include the total number of hours to be billed annually.**

12. Number of hours per week new attorney works on behalf of Named Insured: \_\_\_\_\_

13. List Primary Area of New Attorney Practice: \_\_\_\_\_

14. Is a disciplinary complaint, grievance, request for investigation of a lawyer, or inquiry, against the new attorney currently pending with the ARDC, any administrative agency, court or regulatory body or has the new attorney been refused admission to practice, disbarred, suspended from practice, formally reprimanded, and / or privately warned or admonished by any court, administrative agency or hearing panel? (If YES, please provide DETAILS ON NEW ATTORNEY/FIRM LETTERHEAD; include a copy of the complaint, your response, and the resolution.)  Yes  No

15. Have any claims been made within the past 5 years that involve the new attorney member while at any previous firm(s)? (If YES, please complete our SUPPLEMENTAL CLAIM INFORMATION form for each claim.)  Yes  No

16. Is the new attorney member aware of any incident, act, error or omission which could reasonably result in a claim or suit, arising out of the performance of professional services by him/her while at any previous firm(s)? (If YES, please complete our SUPPLEMENTAL CLAIM INFORMATION form for each situation.)  Yes  No

Signature of New Attorney \_\_\_\_\_ Date \_\_\_\_\_

PRINT Name \_\_\_\_\_

Signature of Owner, Partner, or Officer \_\_\_\_\_ Date \_\_\_\_\_

PRINT Name \_\_\_\_\_