

# ISBA MUTUAL INSURANCE COMPANY

## AREA OF PRACTICE SUPPLEMENT

**PLEASE TYPE OR PRINT IN INK. COMPLETE ONE FORM FOR ALL AREAS OF PRACTICE. If space is needed for further explanation of an Area of Practice marked below, please use Applicant letterhead.**

Applicant Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Please indicate the percentage (%) of time the firm's practice is devoted to the following.

**NOTE: TOTAL MUST EQUAL 100%.**

- |   |  |   |
|---|--|---|
| 1    ___ Administrative<br>2    ___ Admiralty<br>3    ___ Antitrust<br>4    ___ Appellate<br>5    ___ Arbitration/Mediation<br>6    ___ Banking/Savings & Loan<br>7    ___ Bankruptcy<br>___ Bodily Injury/Personal Injury<br>8a   ___ Defense<br>8b   ___ Plaintiff<br>9    ___ Bonds *<br>10   ___ Civil Litigation<br>11   ___ Civil Rights/Discrimination<br>12   ___ Class Actions<br>13   ___ Collections<br>14   ___ Commercial<br>15   ___ Construction<br>___ Corporate<br>16a  ___ Acquisitions/Mergers *<br>16b  ___ Formations<br>16c  ___ General<br>17   ___ Criminal<br>18   ___ Elder<br>___ Employment<br>19a  ___ Employees<br>19b  ___ Labor Management<br>19c  ___ Labor Unions | 20   ___ Entertainment/Sports *<br>21   ___ Environmental *<br>22   ___ ERISA<br>23   ___ Estate Planning<br>24   ___ Estate/Probate/Trust/Wills<br>___ Family<br>25a  ___ Adoptions<br>25b  ___ Divorce<br>25c  ___ Domestic Relations<br>25d  ___ High Profile Divorce<br>25e  ___ Juvenile<br>26   ___ Fiduciary *<br>27   ___ Foreclosures<br>28   ___ Foreign<br>29   ___ General Litigation<br>30   ___ Governmental<br>31   ___ Guardianship<br>32   ___ Immigration<br>33   ___ Insurance Defense<br>34   ___ International<br>35   ___ Investment Advice/Money Mgmt<br>36   ___ Lobbying<br>___ Medical Malpractice<br>37a  ___ Defense<br>37b  ___ Plaintiff<br>38   ___ Municipal (other than bond work)<br>39   ___ Oil/Gas/Mining | 40   ___ Other (must explain)<br>___ Patent/Trademark/Copyright *<br>41a  ___ Filings *<br>41b  ___ Litigation<br>41c  ___ Searches *<br>___ Real Estate<br>42a  ___ Commercial<br>42b  ___ General<br>42c  ___ Developmt/Syndication *<br>42d  ___ Residential<br>42e  ___ Title<br>___ Securities<br>43a  ___ Exempt *<br>43b  ___ Federal *<br>43c  ___ Limited Partnerships *<br>43d  ___ Private Placements *<br>43e  ___ Registered *<br>43f  ___ State *<br>___ Tax<br>44a  ___ Opinion/Advice<br>44b  ___ Preparations<br>45   ___ Traffic<br>46   ___ Utilities<br>___ Workers Comp.<br>47a  ___ Defense<br>47b  ___ Plaintiff |
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\* Applicant must complete our supplement.

**I/We affirm that the information contained herein is true and complete to the best of my/our 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 Name \_\_\_\_\_ Title \_\_\_\_\_