

# ISBA MUTUAL INSURANCE COMPANY

## FEE SUIT SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.

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

Complete the following information for each client of Applicant Firm whom Applicant has sued for fees within the past 24 months.

Client/Industry	Suit Date	Fee Amount	Status/ Outcome	Dates of Service	Nature of Legal Services Rendered	How often did Applicant Bill Client?	Is Client Still a Client?	
							Yes	No

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 \_\_\_\_\_