

ISBA MUTUAL INSURANCE COMPANY

LIMITED PARTNERSHIP/PRIVATE PLACEMENT 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 for whom Applicant has formed, syndicated, promoted or managed a limited partnership or private placement within the past 5 years.

Date Filed	Limited Partnership, Private Placement, Bond Offering	Price per Share or Unit	Value	Number of Months/ Years in Business	Number of Months/ Years a Client of Firm	Nature of Legal Services Rendered	Disclosure Document Used?	
							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 _____