

# ISBA MUTUAL INSURANCE COMPANY

## PAST ACTS COVERAGE SUPPLEMENT

**PLEASE TYPE OR PRINT IN INK. PLEASE COMPLETE ONE FORM FOR EACH ATTORNEY REQUESTING PAST ACTS COVERAGE. If space is insufficient to answer any question, please use Applicant letterhead. Please answer all questions completely.**

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

**Common terms used to identify this coverage are:** Lateral Hire, Career, Past Acts or Wrongful Acts Buy-Back Coverage. IF APPLICANT IS REQUESTING THAT PRIOR ACTS COVERAGE BE GIVEN TO AN ATTORNEY LISTED UNDER APPLICANT'S PROFESSIONAL LIABILITY POLICY, FOR LEGAL SERVICES PERFORMED AT A NON-PREDECESSOR FIRM, PLEASE COMPLETE THIS SUPPLEMENT.

This Supplement is to be completed for **EACH ATTORNEY EMPLOYED BY THE APPLICANT FIRM** for whom prior acts coverage is requested for legal services performed at a non-predecessor firm.

**PLEASE NOTE:** Lateral Hire coverage can potentially expose and deplete the limits of liability and the deductible of the Applicant Firm as a result of claims made against an insured attorney for acts committed while at a non-predecessor, unrelated firm. **Additional premium will be charged for this coverage.**

1. Please **COMPLETE** the following **FOR EACH APPLICANT ATTORNEY** who is **EMPLOYED BY APPLICANT** and for whom Lateral Hire coverage is requested.

Attorney's Name	Date Admitted to the Bar	Number of Years in Private Practice	Status in Firm	Date Attorney Joined Applicant Firm

2. For Applicant attorney, please list each place of employment, major area of practice for the Applicant Firm, and dates of employment on a separate sheet of paper.

3. Does an Owner, Partner, or Officer of Applicant Firm review all cases that are brought into the Applicant Firm by the Applicant Attorney from the prior firm for potential claim and / or conflicts of interest?  Yes  No  
**(If no, please explain.)**

4. Was Applicant Attorney covered by Professional Liability Insurance while at these prior firms?  Yes  No  
**(Please provide proof of continuous professional liability insurance for the period of time for which past acts coverage is desired.)**

5. a. During the past 5 years, has any claim been made against you arising from work performed at any firm, listed in Item 2. above, for any act, error or omission arising out of the performance of professional services?  Yes  No  
**(If YES, please complete a SUPPLEMENTAL CLAIM INFORMATION form for each claim.)**

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## PAST ACTS COVERAGE SUPPLEMENT (cont'd)

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5. b. Are you 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 rendered by you while at any firm listed in Item 2. above?  Yes  No  
**(If YES, please complete a SUPPLEMENTAL CLAIM INFORMATION form for each claim.)**
- c. Have you had a disciplinary complaint grievance, request for an investigation of a lawyer, or inquiry made against you to any court, administrative agency, regulatory body or the ARDC in the past 5 years?  Yes  No  
**(If YES, please provide details on Applicant letterhead; include a copy of the complaint, your response and the resolution.)**
6. In the past 5 years, have you provided legal services in connection with:
- a. The issuance, offering or sale of securities?  Yes  No  
**If yes, please complete our SECURITIES SUPPLEMENT.**
- b. A financial institution in which you (1) serve/served as general counsel, director, officer or committee member and/or (2) held equity interest?  Yes  No  
**If yes, please complete our FINANCIAL INSTITUTION SUPPLEMENT.**
- c. The formation, syndication, promotion, or management of any limited partnership or private placement?  Yes  No  
**If yes, please complete our LIMITED PARTNERSHIP/PRIVATE PLACEMENT SUPPLEMENT.**
- d. If yes to 6a, b or c, did that client come to this firm?  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

\_\_\_\_\_  
Signature of Applicant Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name