

ISBA MUTUAL INSURANCE COMPANY

BODILY INJURY/PERSONAL INJURY 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.: _____

1. Please complete the following for all attorneys in the firm who are involved in BI/PI plaintiff, BI/PI defense, medical malpractice plaintiff, medical malpractice defense, and/or class action suits plaintiff or defense.

Attorney Name	# of years Litigation Experience	# of hours Plaintiff Activities in Past 12 months	# of hours Defense Activities in Past 12 months	Average Annual BI/PI Plaintiff Case Load	% Handled on a Contingency Fee Basis	% Plaintiff/ Tort/ Fees < \$50,000	% Plaintiff/ Tort/ Fees > \$50,000

2. What is the average dollar amount of awards, judgments and settlements in BI / PI plaintiff cases handled by the firm: \$ _____

3. What percentage of claims / suits that you handle each year are concluded by:
 Settlement prior to filing suit _____ % | Settlement after suit _____ % | Trial/Verdicts _____ % | Other _____ %

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 _____