

Out of State Supplement

Use letterhead if space is insufficient to answer any question.

Firm: _____ Policy No.: _____

1. Is the Firm applying for a new policy with ISBA Mutual? Yes No

If **yes**, then respond to all of the questions below for the period of the past **3 years**.

If **no**, then respond to all of the questions below for the period of the past **12 months**.

2. Other than Illinois, identify the states and/or countries, and the percent of the Firm's total legal practice conducted in each state and/or country in which the Firm or any lawyer of the Firm provided legal services (including contingency fee referrals).

State or Country:

State or Country:

State or Country:

% of Practice in above: _____ % of Practice in above: _____ % of Practice in above: _____

3. Does the Firm anticipate maintaining this approximate percentage by state or country? Yes No

If **no**, elaborate.

4. Has the Firm or any lawyer of the Firm practiced law or provided legal services in any state or country in which the Firm or any lawyer of the Firm was neither licensed nor admitted *pro hac vice*? Yes No

If **yes**, provide details.

I/We affirm that after an inquiry of all lawyers of the Firm, 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.

Signature of Owner, Partner, or Officer (Lawyer Only): _____ Date: _____

Print Name: _____ Title: _____