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**ISBAMUTUAL.COM**

## ADDITIONAL OFFICE LOCATION SUPPLEMENTAL APPLICATION

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.**

### INSTRUCTIONS

This Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

<b>Full Legal Name of the Firm:</b>	
<b>Policy Number</b> (if ISBA Mutual Insured):	
<b>Additional Office Location Information</b>	
Address:	
Is this location used for client meetings only?	<input type="checkbox"/> YES <input type="checkbox"/> <b>NO</b>
If <b>No</b> , please provide the following information:	
Number of Lawyers:	
Number of Of Counsel/Independent Contractors:	
Number of support staff:	
What percent of Firm revenue is derived from this location?	%
Does the responsibility for this location rest with management at the Firm's principal location?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the letterhead utilized by this location differ from the letterhead used at the Firm's principal location?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO
If <b>Yes</b> , attach sample of letterhead.	
<b>Additional Office Location Information</b>	
Address:	
Is this location used for client meetings only?	<input type="checkbox"/> YES <input type="checkbox"/> <b>NO</b>
If <b>No</b> , please provide the following information:	
Number of Lawyers:	
Number of Of Counsel/Independent Contractors:	
Number of support staff:	
What percent of Firm revenue is derived from this location?	%
Does the responsibility for this location rest with management at the Firm's principal location?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the letterhead utilized by this location differ from the letterhead used at the Firm's principal location?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> NO
If <b>Yes</b> , attach sample of letterhead.	

## REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following is true and correct as of the inception date of the policy:

The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

## ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

## SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:

Title:

Email Address:

SIGNATURE ►

DATE ►