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REMOVE A LAWYER 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 Supplemental 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.**

- **Complete a separate Remove a Lawyer Supplemental Application for each Lawyer departing the Firm.**

Full Legal Name of the Firm:
Policy Number (if ISBA Mutual Insured):

LAWYER INFORMATION

Name of Departing Lawyer:	
Lawyer's Last Date of Employment with the Firm (mm/dd/yyyy):	

Departing Lawyer's Contact Information

Telephone Number:	
Street Address:	
City, State, Zip Code:	
Firm/Entity Departing Lawyer is joining:	

SIGNATURE

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

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶