

# APPLICATION

For Lawyers Professional Liability Insurance | A Claims Made & Reported Policy



## Contract Attorney Supplement

A **Contract Attorney** is a non-employee Attorney who renders professional services for and on behalf of the applicant Firm and solely to the extent those services are rendered to a client of the applicant Firm in conjunction with the applicant Firm's rendering of professional services to the client. ***In addition to this supplement, the Contract Attorney must complete an Individual Attorney Supplement.***

Name of Applicant Law Firm: \_\_\_\_\_

1. Full Name of Contract Attorney \_\_\_\_\_

2. Is it the Firm's intent to provide Lawyers Professional Liability Insurance to the contract attorney? ☐ Yes ☐ No

3. Is the contract attorney currently insured under the Firm's professional liability policy? ☐ Yes\* ☐ No

\*If yes, what date were you added to the Firm's policy? \_\_\_\_\_

4. Please answer the following questions regarding the attorney's relationship with the firm:

Does the contract attorney meet with the Firm's clients? ☐ Yes ☐ No

Does the contract attorney have authority to sign documents on the Firm's behalf? ☐ Yes ☐ No

Does the contract attorney make appearances on behalf of the Firm's clients? ☐ Yes ☐ No

Does the Firm control, provide oversight and supervise the professional services provided by the contract attorney? ☐ Yes ☐ No

5. Does the contract attorney maintain separate professional liability insurance coverage? ☐ Yes\* ☐ No

\*If yes, attach a copy of the contract attorney's current Declarations page or a certificate of insurance.

The Authorized Person signing below hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application supplement is true and correct and that this application supplement: (i) shall be a material part of the Firm's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

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

\_\_\_\_\_  
Date (mm/dd/yyyy)