

# APPLICATION

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



## Claim Information Supplement

Name of Firm: \_\_\_\_\_

1. Full name of the attorney(s) involved in the claim or potential claim \_\_\_\_\_

Identify the firm(s) named in the claim or potential claim: \_\_\_\_\_

Additional Defendants: \_\_\_\_\_

2. Full name of the Claimant / Potential Claimant: \_\_\_\_\_

3. Is this a: ☐ Circumstance ☐ Potential Claim / Suit ☐ Claim / Suit ☐ **Previously** reported to ALPS (skip to signature)

4. Present status of claim: ☐ Open ☐ Closed (Date Closed: \_\_\_\_\_)

Claimant's settlement demand: \$\_\_\_\_\_ Defendant's Offer for Settlement: \$\_\_\_\_\_

Total paid to date including deductible: \$\_\_\_\_\_

Total Indemnity Paid: \$\_\_\_\_\_ Total Expenses Paid: \$\_\_\_\_\_

If claim closed: ☐ Court Judgment ☐ Out of Court Judgment ☐ Other: \_\_\_\_\_

Provide a **current loss run from the insurer handling the claim.**

If the claim is still open, attach a copy of any demand and response or complaint and responsive pleadings.

5. Date of alleged act, error, or omission: \_\_\_\_\_

6. Date Firm became aware of claim, potential claim, or circumstance: \_\_\_\_\_

7. Date reported to insurer: \_\_\_\_\_

8. Name of insurer responding to the claim: \_\_\_\_\_

9. Did this claim arise out of an action to collect fees? ☐ Yes ☐ No

10. Area(s) of practice involved:

- ☐ Admiralty/Maritime
- ☐ Anti trust/Trade Regulation
- ☐ Arbitration/Mediation
- ☐ Bankruptcy
- ☐ Civil Litigation - Plaintiff
- ☐ Civil Rights - Plaintiff
- ☐ Class Action - Plaintiff
- ☐ Personal Injury
- ☐ Civil Litigation Defense
- ☐ Insurance Defense
- ☐ Collections - Commercial
- ☐ Collections - Consumer
- ☐ Corporate/Business
- ☐ Cannabis
- ☐ Cryptocurrency

- ☐ Copyright/Trademark/Service mark
- ☐ Criminal
- ☐ Domestic Relations/Family Law
- ☐ Entertainment/Sports
- ☐ Environmental
- ☐ Estate/Trust/Wills <\$5M
- ☐ Estate/Trust/Wills \$5M-\$10M
- ☐ Estate/Trust/Wills >\$10M
- ☐ ERISA/Employee Benefits
- ☐ Financial Institutions/Banking
- ☐ Gaming/Casino/Representation
- ☐ Government/Municipal
- ☐ Immigration
- ☐ International Law
- ☐ Labor Law/Employee Relations

- ☐ Mergers and Acquisitions
- ☐ Natural Resources/Water Rights
- ☐ Oil/Gas
- ☐ Patents
- ☐ Public Utilities
- ☐ Real Estate Commercial
- ☐ Real Estate Residential
- ☐ Real Estate Construction/Contracts
- ☐ Securities Exempt/Bonds
- ☐ Securities/Registered Offerings
- ☐ Social Security
- ☐ Taxation
- ☐ Workers Compensation
- ☐ Other, please describe: \_\_\_\_\_

11. Has the Firm undertaken remedial measures to prevent a similar claim or potential claim in the future? ☐ Yes\* ☐ No

\*Please describe: \_\_\_\_\_

The undersigned Attorney 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)