

# APPLICATION

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



## Predecessor Firm Supplement

Complete this supplement for each Predecessor Firm for whom coverage is requested.

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

A **Predecessor Firm** may include:

- any sole proprietorship or legally recognized entity previously engaged in the private practice of law.
- any firm where the Firm retained/acquired 50% or greater interest in financial assets and liabilities
- any firm where the Firm retained/acquired 50% or greater of total number of attorneys
- any firm previously determined to be a Predecessor Firm by a prior carrier

**Coverage for a Predecessor Firm is subject to Underwriting review and approval**

**Answer all questions with respect to the Predecessor Firm only:**

1. Name of Predecessor Firm(s): \_\_\_\_\_
2. Date of initial formation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of attorneys at initial formation \_\_\_\_\_
3. Date of dissolution or separation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of attorneys at initial formation \_\_\_\_\_
4. Describe the circumstances under which this firm dissolved or separated:  
\_\_\_\_\_
5. Date from which the Predecessor Firm maintained continuous professional liability insurance: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Predecessor Firm's limits in effect at the time of firm change: \_\_\_\_\_  
Did the firm purchase an Extended Reporting Period endorsement? ☐ Yes\* ☐ No  
\*If yes, select the length of the Extended Reporting Period:  
☐ 1-year ☐ 2-year ☐ 3-year ☐ 5-year ☐ Unlimited ☐ Other: \_\_\_\_\_
6. Is the Predecessor Firm listed as an insured under your current policy?  
☐ Yes\* ☐ No \*If yes, attach a copy of the endorsement or declarations page listing the firm.
7. While employed by the Predecessor Firm, was any Attorney refused admission to practice, disbarred or suspended from practice?  
☐ Yes\* ☐ No \*If yes, provide complete details and any supporting documentation.
8. While employed by the Predecessor Firm, was any Attorney formally reprimanded by any court, administrative agency or regulatory body?  
☐ Yes\* ☐ No \*If yes, provide complete details and any supporting documentation.
9. Has the Predecessor Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company? [MISSOURI RESIDENTS, DO NOT ANSWER]  
☐ Yes\* ☐ No \*If yes, provide a copy of the notice from the insurance carrier.

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 Authorized Person

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