



Date (mm/dd/yyyy)

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

Predecessor Firm Supplement

A Pradacessor Firm may include:	Complete this supplement for each Predecessor Firm for whom coverage is requested.	
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 Number of attorneys at initial formation 1. Number of attorneys at initial formation 4. Describe the circumstances under which this firm dissolved or separated: Predecessor Firm's limits in effect at the time of firm change: Predecessor Firm's limits in effect at the time of firm change: Did the firm purchase an Extended Reporting Period andorsament? Yes' No "fyes, select the length of the Extended Reporting Period endorsament? Yes No "fyes, select the length of the Extended Reporting Period endorsament or declarations page listing the firm. 5. Is the Predecessor Firm listed as an insured under your current policy? Yes' No "fyes, attach a copy of the endorsement or declarations page listing the firm. 7. While employed by the Predecessor Firm, was any Attomey refused admission to practice, disbarred or suspended from practice? Yes' No "fyes, provide complete details and any supporting documentation. 8. While employed by the Predecessor Firm, was any Attomey refused admission to practice, disbarred or suspended from practice? Yes' No "fyes, 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 Has the Predecessor Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company?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 "fyes, provide a copy of the notice from the insurance carrier. The Authori	Na	me of Firm:
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.	•	 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
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Number of attorneys at initial formation	1.	Name of Predecessor Firm(s):
Number of attorneys at initial formation	2.	Date of initial formation:/
Number of attorneys at initial formation		Number of attorneys at initial formation
4. Describe the circumstances under which this firm dissolved or separated: Solution	3.	Date of dissolution or separation://
5. Date from which the Predecessor Firm maintained continuous professional liability insurance:		Number of attorneys at initial formation
Predecessor Firm's limits in effect at the time of firm change:	4.	Describe the circumstances under which this firm dissolved or separated:
1-year 2-year 3-year 5-year Unlimited Other:	5.	Predecessor Firm's limits in effect at the time of firm change: Did the firm purchase an Extended Reporting Period endorsement? Yes* No
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 Compan ("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 the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.		
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