



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Individual Attorney Supplement

Name of Firm: _____

1. Individual Attorney Supplement for: Mr. Ms. _____

Position with Firm: Partner/Owner Associate Of Counsel Contract Attorney (**Complete the CA Supplement**)

Email address: _____ Date hired by the Firm: _____

Hours worked per week on behalf of the Firm: _____ % of those hours that were Billable: _____

Office Location if other than the Firm's primary address: _____

Date of Birth: _____ (mm/dd/yyyy) Last 4 of SSN: _____ FICO Score: _____

State(s) Licensed: _____ Earliest Date of License(s): _____ Law School Attended: _____

2. Has any professional liability claim or suit been made against you within the last 5 years, regardless of whether or not a loss, damages or indemnity was paid? Yes* No

***If yes, how many? _____ Complete a Claim Information Supplement for each claim.**

3. Are you aware of or do you have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against you or any current or former Attorney in the Firm or its predecessors, regardless of the merit of such claim? Yes* No

***If yes, how many? _____ Complete a Claim Information Supplement for each claim.**

4. Note the percentage of your billable hours spent in the past 12 months **on behalf of the Firm** devoted to each area below:

- | | | |
|--|---------------------------------------|--|
| _____ Admiralty/Maritime | _____ Entertainment/Sports | _____ Natural Resources/Water Rights |
| _____ Anti trust/Trade Regulation | _____ Environmental | _____ Oil/Gas |
| _____ Arbitration/Mediation | _____ Estate/Probate/Wills/Trust* | _____ Patents * |
| _____ Bankruptcy | _____ ERISA/Employee Benefits | _____ Public Utilities |
| _____ Civil Litigation: Plaintiff* | _____ Financial Institutions/Banking* | _____ Real Estate * |
| _____ Civil Litigation: Defense * | _____ Gaming/Casino/Representation | _____ Securities Exempt/Bonds * |
| _____ Collection/Repossession | _____ Government/Municipal | _____ Securities/Registered Offerings* |
| _____ Copyright/Trademark/Service mark | _____ Immigration | _____ Social Security |
| _____ Corporation/Business | _____ International Law | _____ Taxation |
| _____ Criminal | _____ Labor Law/Employee Relations | _____ Workers Compensation |
| _____ Domestic Relations | _____ Mergers and Acquisitions | _____ Other, please describe: |

*** Supplement is required for these areas of practice**

_____ **Total (must equal 100%)**

5. Are you an employee of any organization other than the Firm? Yes* No

***If yes, provide the name of your employer, your position; and refer to policy exclusions regarding these professional services**

6. Have you or will you render professional legal services to any entity in which you serve as an owner, officer, director, employee or other fiduciary, or in which you serve in any capacity to directly or indirectly control, operate or manage such entity? This includes both profit and not-for-profit entities. Yes* No

***If yes, complete the Outside Interest Supplement and refer to policy exclusions regarding these professional services**

7. Do you render professional legal services on behalf of any other entity or law firm? Yes* No

***If yes, provide the name of the other entity or law firm and refer to policy exclusions regarding these professional services.**

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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) _____