



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Outside Interest(s) Supplement

Name of Firm: _____

Name of Attorney	Name of Entity	Position Held	Nature of Business*	Ownership Interest %	Current Client of Firm Y/N	Nature of Professional Services Rendered	D&O Coverage? Y/N	Gross Billings

*Nature of Business – For Profit Entity (P)/ Tax Exempt Not-for-Profit Entity – (NP)

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 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)