



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Predecessor 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 attorneys
- previously determined to be a Predecessor Firm by a prior carrier
- any firm where the Firm would like ALPS to consider for coverage as a Predecessor Firm

Answer all questions with respect to the Predecessor Firm only

1. Name of Predecessor Firm(s): _____

2. Date of initial formation: _____ (mm/dd/yyyy)
a. Number of attorneys at initial formation _____

3. Date of dissolution or separation: _____ (mm/dd/yyyy)
a. Number of attorneys at dissolution or separation _____

4. Describe the circumstances under which this firm dissolved or separated:

5. Date from which the Predecessor Firm maintained continuous professional liability insurance: _____
a. Predecessor Firm's limits in effect at the time of firm change: _____
b. 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 Has the Predecessor Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company?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.**

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)