



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Prior Acts Coverage Supplement

Complete this supplement for each attorney requesting coverage for services performed at a non-Predecessor Firm.

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

1. Prior Acts Coverage Supplement for:  Mr.  Ms. \_\_\_\_\_

Number of Years in Private Practice \_\_\_\_\_ Current Prior Acts Coverage Date: \_\_\_\_\_ (mm/dd/yyyy)

2. Provide the attorney's complete employment history (in chronological order):

Previous Law Firm / Employer	Primary Area of Practice	Start Date	End Date	Was Prior Acts Coverage Provided?

3. Did the attorney bring any previous cases or clients to the Firm?  Yes\*  No

\*If yes, were all cases and clients reviewed by an owner, partner, or officer of the Firm?  Yes  No\*

\*If no, provide details:

4. Has the lawyer or any of the prior law firms ever purchased an Extended Reporting Period Endorsement?  Yes\*  No

\*If yes, provide a copy of the Endorsement.

**PLEASE NOTE:** Lateral hire and/or Career Coverage can potentially expose the Firm to claims made as a result of services rendered on behalf of an unrelated, non-predecessor law firm, diminish the Firm's limit of liability and/or require payment of a deductible. Please carefully evaluate and discuss this exposure with your ALPS representative.

**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)