



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Civil Litigation Supplement

Includes the prosecution or defense of any civil action (i.e. not criminal in nature)

If more than one attorney in the Firm practices in this area, one supplement will suffice.

Name of Firm: _____

1. What percentage of your plaintiff cases are:

_____ Class Action / Mass Tort	_____ Construction Defect	_____ Landlord / Tenant
_____ Medical Malpractice	_____ Personal Injury	_____ Other: _____

2. What percentage of your defense cases are:

_____ Class Action / Mass Tort	_____ Medical Malpractice	_____ Landlord / Tenant
_____ Construction Defect	_____ Personal Injury	_____ Other: _____

3. Please provide the following, below or by separate attachment, for all lawyers involved with Civil Litigation:

Name of Attorney	Average # of Plaintiff Cases	Average # of Defense Cases

4. What is the average dollar value of the Firm’s civil litigation cases over the last 5 years? _____

5. What is the highest dollar value of judgment or settlement for a civil litigation case handled by the Firm in the past 5 years? _____

6. Please provide a list of the Firm’s class action cases certified in the past 5 years, as well as any pending non-certified cases including the following information:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Case Status (Certified or Pending) | <input checked="" type="checkbox"/> Firm role: lead counsel, co-counsel, local counsel, or other relationship to the case |
| <input checked="" type="checkbox"/> # of class members | <input checked="" type="checkbox"/> The handling attorney and his/her years of experience |
| <input checked="" type="checkbox"/> Actual or estimated value of the case | |
| <input checked="" type="checkbox"/> Named defendant and alleged cause of action | |

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)