



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Claim Information Supplement

Complete one form for **each** claim or circumstance, whether reported to your insurance carrier or not, and **include a current loss run from the carrier handling the claim**. If the claim is still open, attach a copy of the complaint and responsive pleadings.

Name of Firm: _____

1. Full name of the attorney(s) involved in the claim: _____

Identify the firm(s) named in the claim: _____

Additional Defendants: _____

2. Full name of the Claimant / Potential Claimant: _____

3. Is this a: Circumstance Potential Claim / Suit Claim Suit

4. Date of alleged act, error, or omission: _____

5. Area(s) of practice involved:

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

6. Did this claim arise out of an action to collect fees? Yes No

7. Date reported to carrier: _____

8. Name of carrier responding to claim: _____

9. Present status of claim: Open Closed (Date Closed: _____)

a. Claimant's settlement demand: \$_____ Defendant's Offer for Settlement: \$_____

b. Total paid to date including deductible: \$_____

c. Total Indemnity Paid: \$_____ Total Expenses Paid: \$_____

d. If claim closed: Court Judgment Out of Court Settlement Other: _____

10. Provide a summary of alleged facts, circumstances, acts, errors, or omissions upon which the claim is based and the alleged type and extent of the injury or damage sustained. Include enough information to allow evaluation, including copies of relevant documents and/or pleadings.

11. Has the Firm undertaken remedial measures to prevent a similar Claim or Circumstance in the future? Yes No

Please describe:

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)