



**Contract Attorney Supplement**

A **Contract Attorney** is a non-employee Attorney who renders professional services for and on behalf of the applicant Firm and solely to the extent those services are rendered to a client of the applicant Firm in conjunction with the applicant Firm's rendering of professional services to the client. ***In addition to this supplement, the Contract Attorney must complete an Individual Attorney Supplement.***

Name of Applicant Law Firm: \_\_\_\_\_

1. Full Name of Contract Attorney: \_\_\_\_\_

2. Is it the firm's intent to provide Lawyers Professional Liability Insurance to the contract attorney?  Yes  No

3. Is the contract attorney currently insured under the Firm's professional liability policy?  Yes\*  No

**\*If yes, what date were you added to the firm's policy?** \_\_\_\_\_

4. Please answer the following questions regarding the attorney's relationship with the firm:
- a. Does the contract attorney meet with the firm's clients?  Yes  No
  - b. Does the contract attorney have authority to sign documents on the firm's behalf?  Yes  No
  - c. Does the contract attorney make appearances on behalf of the firm's clients?  Yes  No
  - d. Does the Firm control, provide oversight and supervise the professional services provided by the contract attorney?  Yes  No

5. Does the contract attorney maintain separate professional liability insurance coverage?  Yes\*  No

**\*If yes, attach a copy of the contract attorney's current declarations page or a certificate of insurance.**

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)