



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Firm Information Section

1. **Law Firm Name:** _____

Provide a sample of any letterhead used by the Firm. Applicant Firm must explain any inconsistency between information included in this application and information on the letterhead.

2. **Physical Address for Primary Location of the Firm:**

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Firm Website(s): _____

Attorney Designated as Firm's Primary Insurance Contact* (see signature page):

Name: _____ Email: _____

If there is a non-attorney employee of the Firm whom we should also communicate with, please designate them here:

Name: _____ Email: _____

3. **Date the Firm was established:** _____ / _____ / _____

a. What is the Firm's current (or requested) policy effective date? _____ / _____ / _____

b. What is the Firm's current retroactive coverage date, or prior acts coverage date? _____ / _____ / _____

c. How many insurance carriers have you had in the last 5 years? _____

d. Are there any endorsements attached to your Firm's current policy? Yes No

Attach a copy of your current declarations page and any endorsements

4. **Would you like to request coverage for a predecessor firm under this policy?** Yes* No

*If yes, complete the Predecessor Firm Supplement

5. **Select any limits and deductible(s) the Firm would like quoted:**

Per Claim Limit / Aggregate Limit Options

Deductible(s)

- | | | | | |
|--|--------------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$250K / \$250K | <input type="checkbox"/> \$2M / \$2M | <input type="checkbox"/> \$5M / \$5M | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$250K / \$500K | <input type="checkbox"/> \$2M / \$4M | <input type="checkbox"/> \$5M / \$10M | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$500K / \$500K | <input type="checkbox"/> \$3M / \$3M | <input type="checkbox"/> \$10M / \$10M | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$500K / \$1M | <input type="checkbox"/> \$3M / \$6M | <input type="checkbox"/> \$10M / \$20M | <input type="checkbox"/> \$10,000 | |
| <input type="checkbox"/> \$1M / \$1M | <input type="checkbox"/> \$4M / \$4M | <input type="checkbox"/> Other _____ | <input type="checkbox"/> \$15,000 | |
| <input type="checkbox"/> \$1M / \$2M | <input type="checkbox"/> \$4M / \$8M | | | |

6. **Total number of people working on behalf of this Firm:**

	Partners / Shareholders / Owners / Members	Associates / Employed Lawyers	Of Counsel	Contract Attorneys*	Other (explain)
Number of Attorneys:					

*Contract Attorneys must complete the Contract Attorney Supplement

	Paralegals	Law Clerks	Clerical / Administrative	Other (explain)
Number of Employees:				



7. Total Firm Revenue

a. Current Fiscal Year \$ _____ Prior Fiscal Year \$ _____

8. What percentage of your receivables are outstanding at 90 days? _____ 180 days? _____

9. Does any Attorney practice law in any state other than the Physical Address listed in question 2 above?

Yes* No

*If yes, provide the state and percentage of Firm revenue generated from that state: _____

10. Does the Firm have Attorneys or employees in locations other than the address listed in question 2 above?

Yes* No

*If yes, answer the following regarding all office locations:

	Revenue	# of Attorneys	# of other Employees
Primary street address listed in number #2 above	%		
Additional Location: Address, City, State	%		

11. Do you provide virtual services? Yes* No

*If yes, approximately what percentage of your Firm's services are virtual? _____

12. Has the Firm initiated lawsuits or arbitration proceedings during the last two (2) years to enforce collection of unpaid fees?

Yes* No

*If yes, how many? _____

Claim History Section

1. Has any claim or suit been made against you or any other current or former member of this Firm or any Predecessor Firm in the last five (5) years? Yes* No

*If yes, complete a Claim Information Supplement for each claim and provide a five (5) year loss run report.

2. Is any claim or suit still pending that was made against you or any other current or former member of this Firm or any Predecessor Firm more than five (5) years ago? Yes* No

*If yes, complete a Claim Information Supplement for each claim and provide a current loss run reflecting the above claim activity.

3. Has any claim or suit been settled, resolved or closed in the last five (5) years that was made against you or any other current or former member of this Firm or any Predecessor Firm more than five (5) years ago? Yes* No

*If yes, complete a Claim Information Supplement for each claim and provide a current loss run reflecting the above claim activity.

4. Are you or any member of the Firm aware of or have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against any current or former Attorney in the Firm or any Predecessor Firms, regardless of the merit of such claim? Yes* No

*If yes, complete a Claim Information Supplement for each potential fact, circumstance, act, error, or omission and provide a five (5) year loss run report.

5. After inquiry with all members of the Firm, have all known claims, suits, facts, circumstances, acts, errors, or omissions that could reasonably be expected to be the basis of a claim been reported in writing to your current professional liability insurance company? Yes No

Not Applicable

*Please check Not Applicable if the Firm has no known claims, suits, facts, circumstances, acts, errors, or omissions that could reasonably be expected to be the basis of a claim.



- 6. Has any current or former member of the Firm been the subject of any investigation, inquiry, disciplinary complaint or proceeding before any court, administrative agency, or regulatory body, including but not limited to the SEC, within the past five (5) years? Yes* No
***If yes, provide a copy of each complaint, answer and/or resolution of the complaint.**

- 7. Has any current or former member of the Firm been formally reprimanded by any court, administrative agency or regulatory body? Yes* No
***If yes, provide complete details and any supporting documentation.**

- 8. Has any current or former Attorney of the Firm ever been refused admission to practice, disbarred or suspended from practice? Yes* No
***If yes, provide complete details and any supporting documentation.**

- 9. Has the 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 formal documentation issued by each carrier or potential carrier or provide a detailed explanation.**

- 10. Has any current or former member or employee of the Firm been under investigation, charged with or been convicted of a felony or misdemeanor in the last five (5) years? Yes* No
***If yes, provide details.**

IT IS AGREED THAT ANY CLAIM ARISING FROM OR IN CONNECTION WITH ANY CLAIM, SUIT, FACT, EVENT, CIRCUMSTANCE, ACT, ERROR OR OMISSION DISCLOSED OR THAT SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE CLAIM HISTORY SECTION OF THIS APPLICATION WILL BE EXCLUDED FROM COVERAGE UNDER THE POLICY.

THANK YOU FOR PROVIDING THE INFORMATION CONTAINED IN THIS APPLICATION

THIS SPACE INTENTIONALLY LEFT BLANK

PLEASE SIGN AND RETURN PAGE 4 - THE SIGNATURE PAGE



NOTICE TO THE APPLICANT - PLEASE READ THIS SIGNATURE PAGE CAREFULLY

RELEASE OF CLAIMS INFORMATION: By executing this application, the Authorized Person hereby authorizes any prior insurer to release the applicant Firm's claims information to ALPS.

DEFENSE OF CLAIMS: In applying for coverage, the Authorized Person agrees that, in the event of a covered claim, ALPS will defend the applicant Firm and that, if the applicant Firm has not purchased first dollar defense cost coverage, the deductible shall apply to all sums payable under the policy as damages and claim expenses. If the applicant elects to defend a claim without involving ALPS in the defense of the claim, no coverage for that claim will be afforded the applicant Firm under the policy.

CLAIMS MADE AND REPORTED POLICY: The Authorized Person understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant Firm must immediately report any claim to ALPS while the policy is in force. No coverage exists under the policy for a claim that is first made against an Insured or first reported to ALPS before or after the policy period or any applicable extended reporting period.

FAILURE TO REPORT CLAIMS AND CIRCUMSTANCES: Failure to report any claim made against the applicant Firm or any attorney in the applicant Firm under any current or previous insurance policy, or the failure to timely disclose facts, events or circumstances which may give rise to a claim against any current or prior insured, may result in the absence of insurance coverage for any such claim, facts, events, or circumstance which should have been reported, and may result in the cancellation or rescission of any policy ALPS may issue in reliance upon this application.

COMMITMENT TO PRIVACY: ALPS is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Therefore, ALPS will not to disclose your personal information to any third parties, except as permitted by law, unless you direct ALPS to do so or if ALPS is compelled by law to do so.

APPLICATION IS NON-BINDING: By signing this application, the Authorized Person understand that ALPS is not obligated to issue any quotation for insurance coverage or any policy and the applicant Firm is not obligated to accept any quotation for insurance coverage or purchase any such insurance coverage from ALPS.

AUTHORIZED PERSON MUST SIGN APPLICATION: This application must be signed by an authorized principal, partner, shareholder, member, owner or other authorized person (the "Authorized Person") acting on behalf of the applicant Firm. The Authorized Person represents to ALPS that the Authorized Person has authority to designate the Primary Insurance Contact* set forth on page 1 of this application and to execute and deliver this application to ALPS on behalf of the applicant Firm.

*Primary Insurance Contact means an Attorney who is authorized to communicate with ALPS at any time and to make all decisions and take all actions on behalf of the Named Insured with respect to all policy terms and conditions, including, but not limited to, the giving and receiving of all notices, consents, communications and correspondence, the cancellation or non-renewal of any insurance policy ALPS may issue, the payment of any premiums and deductible due under said policy, and the receipt of any return premium that may be due under said policy.

APPLICANT REPRESENTATIONS AND ASSURANCES: The Authorized Person hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application is true and correct as of the date this application is executed and that ALPS shall be entitled to rely upon this application as the basis of any insurance policy ALPS may issue to the applicant Firm. The undersigned acknowledges and agrees that this application shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

The Authorized Person further represents to and assures ALPS that the applicant Firm will report to ALPS (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts, events or circumstances which may give rise to a claim. The undersigned agrees that these representations constitute a continuing obligation and that the applicant Firm has a continuous duty throughout the policy period to update this application, its supplements and attachments for any such material changes.

The Authorized Person further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered between the date this application is signed and the effective date of the Policy, which would render the information in this application inaccurate or incomplete, any such information will immediately be reported in writing ALPS and **ALPS may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.**

Signature of Authorized Person

Date (mm/dd/yyyy)

Print or Type Name/Title



NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

THIS PAGE IS PROVIDED PURSUANT TO CERTAIN STATE INSURANCE LAWS.
YOU DO NOT NEED TO RETURN THIS PAGE TO ALPS.