



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Multiple Attorney Supplement

Name of Firm: _____

1. Note the percentage of billable hours devoted by the Firm in the last 12 months to each area below:

- | | | |
|--|---------------------------------------|--|
| _____ Admiralty/Maritime | _____ Entertainment/Sports | _____ Natural Resources/Water Rights |
| _____ Anti-Trust/Trade Regulation | _____ Environmental | _____ Oil/Gas |
| _____ Arbitration/Mediation | _____ Estate/Probate/Wills/Trust* | _____ Patents * |
| _____ Bankruptcy | _____ ERISA/Employee Benefits | _____ Public Utilities |
| _____ Civil Litigation: Plaintiff* | _____ Financial Institutions/Banking* | _____ Real Estate * |
| _____ Civil Litigation: Defense * | _____ Gaming/Casino/Representation | _____ Securities Exempt/Bonds * |
| _____ Collection/Repossession | _____ Government/Municipal | _____ Securities/Registered Offerings* |
| _____ Copyright/Trademark/Service mark | _____ Immigration | _____ Social Security |
| _____ Corporation/Business | _____ International Law | _____ Taxation |
| _____ Criminal | _____ Labor Law/Employee Relations | _____ Workers Compensation |
| _____ Domestic Relations | _____ Mergers and Acquisitions | _____ Other, please describe: |
| | | _____ Total (must equal 100%) |

* Supplement is required for these areas of practice

2. By separate attachment, please provide an attorney roster that includes the following information:

- | | | |
|---------------------------|--|-------------------------------------|
| ✓ <i>Attorney Name</i> | ✓ <i>Birth Date</i> | ✓ <i>State(s) licensed/admitted</i> |
| ✓ <i>Position in Firm</i> | ✓ <i>Date Joined Firm</i> | ✓ <i>State of Office Location</i> |
| ✓ <i>Email address</i> | ✓ <i>Ave # of Billable Hours worked per week</i> | ✓ <i>Law School Attended</i> |
| ✓ <i>Last 4 of SS#</i> | ✓ <i>Date admitted to Bar</i> | ✓ <i>FICO Score</i> |

3. Is any attorney in 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 Attorneys in the Firm or its predecessors, regardless of the merit of such claim? Yes* No

*If yes, how many? _____ Complete a Claim Information Supplement for each claim include all attorneys involved.

4. Is any attorney an employee of any other organization other than the applicant Firm? Yes* No

*If yes, by separate attachment please provide the name of the employer and the attorney's position with the organization.

5. Does any attorney in the Firm render professional legal services to any entity in which he/she serves as an owner, officer, director, employee or other fiduciary, or in which they serve in any capacity to directly or indirectly control, operate or manage such entity? This includes both profit and not-for-profit entities. Yes* No

*If yes, complete the Outside Interest Supplement.

6. Does any attorney perform any professional legal services for any entity other than the applicant Firm? Yes* No

*If yes, by separate attachment please provide the name of the attorney and the other entity.

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)