



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Outside Interest(s) Supplement

Name of Firm: \_\_\_\_\_

| Name of Attorney | Name of Entity | Position Held | Nature of Business* | Ownership Interest % | Current Client of Firm Y/N | Nature of Professional Services Rendered | D&O Coverage? Y/N | Gross Billings |
|------------------|----------------|---------------|---------------------|----------------------|----------------------------|--|-------------------|----------------|
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\*Nature of Business – For Profit Entity (P)/ Tax Exempt Not-for-Profit Entity – (NP)

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)