



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Civil Litigation Supplement

Includes the prosecution or defense of any civil action (i.e. not criminal in nature)

If more than one attorney in the Firm practices in this area, one supplement will suffice.

Name of Firm: _____

1. Please provide the following for all Civil Litigation services provided:

Type of Civil Litigation Cases:	Defense Cases <u>per year</u>		Plaintiff Cases <u>per year</u>	
	# of cases	% of Cases	# of cases	% of Cases
Class Action / Mass Tort* (complete question 4)				
Construction Defect				
Landlord / Tenant				
Medical Malpractice				
Personal Injury				
Other – Describe:				

2. What is the estimated average dollar value of the Firm's civil litigation cases over the last 5 years? \$ _____

3. What is the highest dollar value of a judgment or settlement for a civil litigation case handled by the Firm in the past 5 years? \$ _____

4. If you engage in any Class Action cases, provide a list of the Firm's Class Action cases certified in the past 5 years, as well as a list of any pending non-certified cases including the following information:

- | | |
|-----------------------------------------------|----------------------------------------------------------|
| ✓ Case status (certified or pending) | ✓ Firm role: lead counsel, co-counsel, local counsel, or |
| ✓ # of class members | other relationship to the case |
| ✓ Actual or estimated value of the case | ✓ The handling attorney and his/her years of experience |
| ✓ Named defendant and alleged cause of action | |

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)