



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

Complete one form for **each** claim or potential claim, whether reported to your insurance carrier or not.

## Claim Information Supplement

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

1. Full name of the attorney(s) involved in the claim or potential claim: \_\_\_\_\_

Identify the firm(s) named in the claim or potential claim: \_\_\_\_\_

Additional Defendants: \_\_\_\_\_

2. Full name of the Claimant / Potential Claimant: \_\_\_\_\_

3. Is this a: ☐ Circumstance ☐ Potential Claim / Suit ☐ Claim/Suit ☐ **Previously** reported to ALPS (**skip to signature**)

4. Present status of claim: ☐ Open ☐ Closed (Date Closed: \_\_\_\_\_)

a. Claimant's settlement demand: \$\_\_\_\_\_ Defendant's Offer for Settlement: \$\_\_\_\_\_

b. Total paid to date including deductible: \$\_\_\_\_\_

c. Total Indemnity Paid: \$\_\_\_\_\_ Total Expenses Paid: \$\_\_\_\_\_

d. If claim closed: ☐ Court Judgment ☐ Out of Court Settlement ☐ Other: \_\_\_\_\_

e. Provide a **current loss run from the insurer handling the claim.**

If the claim is still open, attach a copy of any demand and response or complaint and responsive pleadings.

5. Date of alleged act, error, or omission: \_\_\_\_\_

6. Date Firm became aware of claim, potential claim, or circumstance: \_\_\_\_\_

7. Date reported to insurer: \_\_\_\_\_

8. Name of insurer responding to the claim: \_\_\_\_\_

9. Did this claim arise out of an action to collect fees? ☐ Yes ☐ No

10. Area(s) of practice involved:

☐ Admiralty/Maritime

☐ Anti trust/Trade Regulation

☐ Arbitration/Mediation

☐ Bankruptcy

☐ Civil Litigation: Plaintiff\*

☐ Civil Litigation: Defense \*

☐ Collection/Repossession

☐ Copyright/Trademark/Service mark

☐ Corporation/Business

☐ Criminal

☐ Domestic Relations

☐ Entertainment/Sports

☐ Environmental

☐ Estate/Probate/Wills/Trust\*

☐ ERISA/Employee Benefits

☐ Financial Institutions/Banking

☐ Gaming/Casino/Representation

☐ Government/Municipal

☐ Immigration

☐ International Law

☐ Labor Law/Employee Relations

☐ Mergers and Acquisitions

☐ Natural Resources/Water Rights

☐ Oil/Gas

☐ Patents \*

☐ Public Utilities

☐ Real Estate \*

☐ Securities Exempt/Bonds \*

☐ Securities/Registered Offerings\*

☐ Social Security

☐ Taxation

☐ Workers Compensation

☐ Other, please describe: \_\_\_\_\_

11. Provide a summary of alleged facts, circumstances, acts, errors, or omissions upon which the claim is based, and the alleged type and extent of the injury or damage sustained. Include enough information to allow evaluation, including copies of relevant documents and/or pleadings.10

12. Has the Firm undertaken remedial measures to prevent a similar claim or potential claim in the future? ☐ Yes ☐ No

Please describe:

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 \_\_\_\_\_

CIS (01-21)

Date (mm/dd/yyyy) \_\_\_\_\_

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