



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Individual Attorney Supplement

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

1. Individual Attorney Supplement for: ☐ Mr. ☐ Ms. \_\_\_\_\_

Position with Firm: ☐ Partner/Owner ☐ Associate ☐ Of Counsel ☐ Contract Attorney (**Complete the CA Supplement**)

Email address: \_\_\_\_\_ Date hired by the Firm: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hours **worked** per week on behalf of the Firm: \_\_\_\_\_ % of those hours that were **Billable**: \_\_\_\_\_

Office Location if other than the Firm's primary address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ FICO Score: \_\_\_\_\_

State(s) Licensed: \_\_\_\_\_ Date First Admitted: \_\_\_\_\_ Law School Attended: \_\_\_\_\_

2. Has any professional liability claim or suit been made against you within the last 5 years, regardless of whether or not a loss, damages or indemnity were paid? ☐ Yes\* ☐ No

**\*If yes, how many? \_\_\_\_\_ Complete a Claim Information Supplement for each claim.**

3. Are you aware of or do you have knowledge of any potential claim, fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against you or any current or former Attorney in the Firm or its predecessors, regardless of the merit of such claim or potential claim? ☐ Yes\* ☐ No

**\*If yes, how many? \_\_\_\_\_ Complete a Claim Information Supplement for each claim.**

4. Estimate the percentage you practice *on behalf of the Firm* in the areas 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:

**\* Supplement is required for these areas of practice**

\_\_\_\_\_ **Total (must equal 100%)**

5. Are you an employee of any organization other than the Firm? ☐ Yes\* ☐ No

**\*If yes, provide the name of your employer and your position; and refer to policy exclusions regarding these professional services**

6. Have you or will you render professional legal services to any entity in which you serve as an owner, officer, director, employee or other fiduciary, or in which you 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 and refer to policy exclusions regarding these professional services**

7. Do you render professional legal services on behalf of any other entity or law firm? ☐ Yes\* ☐ No

**\*If yes, provide the name of the other entity or law firm and refer to policy exclusions regarding these professional services.**

The undersigned Attorney 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 Attorney

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