



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

ALPS Property & Casualty Insurance Company

Firm Information Section

1. Law Firm Name: \_\_\_\_\_

2. Provide a copy of letterhead and/or email signature block used to correspond with clients.

3. Physical Address for Primary Location of the Firm:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) – include City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attorney Designated as Firm's Primary Insurance Contact\* (see signature page):

Name: \_\_\_\_\_ Email: \_\_\_\_\_

If there is another person in the Firm whom we should also communicate with, please designate:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

4. Date the Firm was established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Requested policy effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Is the applicant firm currently insured?

Yes\* **attach a copy of your current declarations page and any endorsements**

Firm's retroactive coverage date, or prior acts coverage date listed on your current Declaration page \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How many insurance carriers have you had in the last 5 years? \_\_\_\_\_

No **Skip to Q7**

7. Select limits and deductible(s) the Firm would like quoted:

**Per Claim Limit / Aggregate Limit Options**

**Deductible(s) options**

- |  |                                      |  |                                   |                                    |
|--|--------------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$250K / \$250K | <input type="checkbox"/> \$2M / \$2M | <input type="checkbox"/> \$5M / \$5M   | <input type="checkbox"/> \$1,000  | <input type="checkbox"/> \$15,000  |
| <input type="checkbox"/> \$250K / \$500K | <input type="checkbox"/> \$2M / \$4M | <input type="checkbox"/> \$5M / \$10M  | <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$25,000  |
| <input type="checkbox"/> \$500K / \$500K | <input type="checkbox"/> \$3M / \$3M | <input type="checkbox"/> \$10M / \$10M | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$50,000  |
| <input type="checkbox"/> \$500K / \$1M   | <input type="checkbox"/> \$3M / \$6M | <input type="checkbox"/> \$10M / \$20M | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$75,000  |
| <input type="checkbox"/> \$1M / \$1M     | <input type="checkbox"/> \$4M / \$4M | <input type="checkbox"/> Other _____   | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$1M / \$2M     | <input type="checkbox"/> \$4M / \$8M |  |                                   |                                    |



8. Total number of people working on behalf of this Firm (total number from tables below): \_\_\_\_\_

	Partners / Shareholders / Owners / Members	Associates / Employed Lawyers	Of Counsel	Contract Attorneys*	Other (explain)
Number of Attorneys:					

\*Contract Attorneys must complete the Contract Attorney Supplement

	Paralegals	Law Clerks	Clerical / Administrative	Other (explain)
Number of Employees:				

9. Estimated Annual Firm Revenue (Gross) – (If this is a new firm, enter N/A)

a. Current Year \$ \_\_\_\_\_ Prior Year \$ \_\_\_\_\_

b. What percentage of your billing invoices remain unpaid at 90 days? \_\_\_\_\_% 180 days? \_\_\_\_\_%

10. Does the Firm initiate lawsuits or arbitration proceedings to enforce collection of unpaid fees?  Yes\*  No

\*If yes, how many were initiated during the last two (2) years \_\_\_\_\_

11. Does any Attorney practice law in any state other than that of the physical address listed in question 3 above?

Yes\* list State(s) and % revenue from each: \_\_\_\_\_

No

12. Does the Firm maintain office locations in addition to the address listed in question 3 above?  Yes\*  No

\*If yes, answer the following regarding all office locations:

	City/State/Zip code/County	Revenue	# of Attorneys/ Employees
Primary street address listed in question 3 above:		%	
Additional Locations:		%	

13. What percentage, if any, of your practice is virtual? \_\_\_\_\_%

Claim History Section

- Has any claim or suit been made against you or any other current or former member of this Firm or any Predecessor Firm in the last five (5) years?  Yes\*  No
- Is any claim or suit still pending that was made against you or any other current or former member of this Firm or any Predecessor Firm more than five (5) years ago?  Yes\*  No
- Has any claim or suit been settled, resolved or closed in the last five (5) years that was made against you or any other current or former member of this Firm or any Predecessor Firm more than five (5) years ago?  Yes\*  No
- Are you or any member of the Firm aware of or 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 any current or former Attorney in the Firm or any Predecessor Firms, regardless of the merit of such claim or potential claim?  Yes\*  No

\*If **any** of 1-4 above is answered YES complete a Claim Information Supplement for each claim and provide a five (5) year loss run report.



- 5. After inquiry with all employees of the Firm, have all known claims, suits, facts, circumstances, acts, errors, or omissions that could reasonably be expected to be the basis of a claim been reported in writing to your current professional liability insurance company, regardless of the merit of such claim?  Yes  No  
**\* Please check None if the Firm has no known claims, suits, facts, circumstances, acts, errors, or omissions that could reasonably be expected to be the basis of a claim.**  None\*
- 6. Has any current or former member or employee of the Firm been the subject of any investigation, inquiry, disciplinary complaint or proceeding before any court, administrative agency, or regulatory body, including but not limited to the SEC, or office of any state Bar disciplinary counsel within the past five (5) years?  Yes\*  No  
**\*If yes, provide a copy of each complaint, answer and/or resolution of the complaint.**
- 7. Has any current or former member or employee of the Firm been formally reprimanded by any court, administrative agency or regulatory body?  Yes\*  No  
**\*If yes, provide complete details and any supporting documentation.**
- 8. Has any current or former Attorney of the Firm ever been refused admission to practice, disbarred or suspended from practice?  Yes\*  No  
**\*If yes, provide complete details and any supporting documentation.**
- 9. Has the Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company? [MISSOURI RESIDENTS, DO NOT ANSWER]  Yes\*  No  
**\*If yes, provide formal documentation issued by each carrier or potential carrier or provide a detailed explanation.**
- 10. Has any current or former member or employee of the Firm been under investigation, charged with or been convicted of a felony or misdemeanor (excluding misdemeanor traffic violations) in the last five (5) years?  Yes\*  No  
**\*If yes, provide details.**

**IT IS AGREED THAT ANY CLAIM ARISING FROM OR IN CONNECTION WITH ANY CLAIM, SUIT, FACT, EVENT, CIRCUMSTANCE, ACT, ERROR OR OMISSION DISCLOSED OR THAT SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE CLAIM HISTORY SECTION OF THIS APPLICATION WILL BE EXCLUDED FROM COVERAGE UNDER THE INCEPTING POLICY.**

THANK YOU FOR PROVIDING THE INFORMATION CONTAINED IN THIS APPLICATION

THIS SPACE INTENTIONALLY LEFT BLANK

PLEASE SIGN AND RETURN PAGE 4 - THE SIGNATURE PAGE



**NOTICE TO THE APPLICANT - PLEASE READ THIS SIGNATURE PAGE CAREFULLY**

**RELEASE OF CLAIMS INFORMATION:** By executing this application, the Authorized Person hereby authorizes any prior insurer to release the applicant Firm's claims information to ALPS.

**DEFENSE OF CLAIMS:** In applying for coverage, the Authorized Person agrees that, in the event of a covered claim, ALPS will defend the applicant Firm and that, if the applicant Firm has not purchased first dollar defense cost coverage, the deductible shall apply to all sums payable under the policy as damages and claim expenses. If the applicant elects to defend a claim without involving ALPS in the defense of the claim, no coverage for that claim will be afforded the applicant Firm under the policy.

**CLAIMS MADE AND REPORTED POLICY:** The Authorized Person understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant Firm must immediately report any claim to ALPS while the policy is in force. No coverage exists under the policy for a claim that is first made against an Insured or first reported to ALPS before or after the policy period or any applicable extended reporting period.

**FAILURE TO REPORT CLAIMS AND CIRCUMSTANCES:** Failure to report any claim made against the applicant Firm or any attorney in the applicant Firm under any current or previous insurance policy, or the failure to timely disclose facts, events or circumstances which may give rise to a claim against any current or prior insured, may result in the absence of insurance coverage for any such claim, facts, events, or circumstance which should have been reported, and may result in the cancellation or rescission of any policy ALPS may issue in reliance upon this application.

**COMMITMENT TO PRIVACY:** ALPS is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Therefore, ALPS will not disclose your personal information to any third parties, except as permitted by law, unless you direct ALPS to do so or if ALPS is compelled by law to do so.

**APPLICATION IS NON-BINDING:** By signing this application, the Authorized Person understands that ALPS is not obligated to issue any quotation for insurance coverage or any policy and the applicant Firm is not obligated to accept any quotation for insurance coverage or purchase any such insurance coverage from ALPS.

**AUTHORIZED PERSON MUST SIGN APPLICATION:** This application must be signed by an authorized principal, partner, shareholder, member, owner or other authorized person (the "Authorized Person") acting on behalf of the applicant Firm. The Authorized Person represents to ALPS that the Authorized Person has authority to designate the Primary Insurance Contact\* set forth on page 1 of this application and to execute and deliver this application to ALPS on behalf of the applicant Firm.

\*Primary Insurance Contact means an Attorney who is authorized to communicate with ALPS at any time and to make all decisions and take all actions on behalf of the Named Insured with respect to all policy terms and conditions, including, but not limited to, the giving and receiving of all notices, consents, communications and correspondence, the cancellation or non-renewal of any insurance policy ALPS may issue, the payment of any premiums and deductible due under said policy, and the receipt of any return premium that may be due under said policy.

**APPLICANT REPRESENTATIONS AND ASSURANCES:** The Authorized Person hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application is true and correct as of the date this application is executed and that ALPS shall be entitled to rely upon this application as the basis of any insurance policy ALPS may issue to the applicant Firm. The undersigned acknowledges and agrees that this application shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

The Authorized Person further represents to and assures ALPS that the applicant Firm will report to ALPS (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts, events or circumstances which may give rise to a claim. The undersigned agrees that these representations constitute a continuing obligation and that the applicant Firm has a continuous duty throughout the policy period to update this application, its supplements and attachments for any such material changes.

The Authorized Person further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered between the date this application is signed and the effective date of the Policy, which would render the information in this application inaccurate or incomplete, any such information will immediately be reported in writing to ALPS and **ALPS may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.**

\_\_\_\_\_  
Signature of Authorized Person

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

\_\_\_\_\_  
Print or Type Name/Title



**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

PAGES 5 AND 6 PROVIDED PURSUANT TO CERTAIN STATE INSURANCE LAWS.  
YOU DO NOT NEED TO RETURN THOSE PAGES TO ALPS.



**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:          |
|  |                                      | _____ <b>Total (must equal 100%)</b>   |

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

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 represents to and assures 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 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 Firm. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Attorney \_\_\_\_\_

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



# 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:
<b>* Supplement is required for these areas of practice</b>		_____ <b>Total (must equal 100%)</b>

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  
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Signature of Attorney \_\_\_\_\_

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





# APPLICATION

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## Individual Attorney Supplement

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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**: \_\_\_\_\_

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- |   |                                      |  |
|---|--------------------------------------|--|
| _____ 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:          |
| <b>* Supplement is required for these areas of practice</b> |                                      | _____ <b>Total (must equal 100%)</b>   |

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**

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Signature of Attorney \_\_\_\_\_

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



# 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:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Admiralty/Maritime               | <input type="checkbox"/> Entertainment/Sports           | <input type="checkbox"/> Natural Resources/Water Rights   |
| <input type="checkbox"/> Anti trust/Trade Regulation      | <input type="checkbox"/> Environmental                  | <input type="checkbox"/> Oil/Gas                          |
| <input type="checkbox"/> Arbitration/Mediation            | <input type="checkbox"/> Estate/Probate/Wills/Trust*    | <input type="checkbox"/> Patents *                        |
| <input type="checkbox"/> Bankruptcy                       | <input type="checkbox"/> ERISA/Employee Benefits        | <input type="checkbox"/> Public Utilities                 |
| <input type="checkbox"/> Civil Litigation: Plaintiff*     | <input type="checkbox"/> Financial Institutions/Banking | <input type="checkbox"/> Real Estate *                    |
| <input type="checkbox"/> Civil Litigation: Defense *      | <input type="checkbox"/> Gaming/Casino/Representation   | <input type="checkbox"/> Securities Exempt/Bonds *        |
| <input type="checkbox"/> Collection/Repossession          | <input type="checkbox"/> Government/Municipal           | <input type="checkbox"/> Securities/Registered Offerings* |
| <input type="checkbox"/> Copyright/Trademark/Service mark | <input type="checkbox"/> Immigration                    | <input type="checkbox"/> Social Security                  |
| <input type="checkbox"/> Corporation/Business             | <input type="checkbox"/> International Law              | <input type="checkbox"/> Taxation                         |
| <input type="checkbox"/> Criminal                         | <input type="checkbox"/> Labor Law/Employee Relations   | <input type="checkbox"/> Workers Compensation             |
| <input type="checkbox"/> Domestic Relations               | <input type="checkbox"/> Mergers and Acquisitions       | <input type="checkbox"/> 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:

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Signature of Authorized Person \_\_\_\_\_

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



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

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\_\_\_\_\_  
Signature of Authorized Person

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



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Wills / Estates / Trusts Supplement

Please complete this Supplement if any lawyer listed on the application shows a percentage in the area Estate/Probate/Wills/Trust.

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

1. Total number of Wills and/or Trust instruments prepared by the Firm in the last 12 months: \_\_\_\_\_

2. Total number of Estates and/or Trusts administered by the Firm in the past 12 months: \_\_\_\_\_

3. Please categorize by asset size the estimated number of Estates / Trusts administered by the Firm in the past three (3) years:

<u>\$0-\$1M</u>	<u>\$1M-\$5M</u>	<u>\$5M-\$10M</u>	<u>&gt; \$10M</u>

4. Does any Firm member act as Executor, Personal Representative, or Trustee of any Estate or Trust?  Yes\*  No
- a. Did the Firm member prepare the Will or Trust instrument?  Yes\*  No
- b. Did the Firm member delegate his or her duties to persons other than those specifically named as Executor, Personal Representative, or Trustee?  Yes\*  No
- c. Did any Firm member use any Estate or Trust funds to invest in anything other than fixed income investments?  Yes\*  No
- d. Did any Firm member employ on behalf of the Estate or Trust a person related in any way to a Firm member?  Yes\*  No
- e. Did any Firm member loan any Estate or Trust funds to any person or entity?  Yes\*  No
5. Does any Firm member have authority to:
- a. Sign checks or disperse money on behalf of any Estates or Trusts?  Yes\*  No
- b. Provide investment advice and/or make investments on behalf of any Estates or Trusts?  Yes\*  No
- c. Purchase or sell securities and/or real estate on behalf of any Estates or Trusts?  Yes\*  No
6. Does the Firm obtain conflict waivers when representing a Trust in which multiple family members are beneficiaries?  Yes\*  No

**\*If yes to any of the above, please explain by separate attachment**

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\_\_\_\_\_  
Signature of Authorized Person

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



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Maternity/Paternity Gap Coverage Statement

Name Insured: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

The undersigned Attorney hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that:

- (a) I am requesting that ALPS provide Lawyers Professional Liability Insurance coverage for me with coverage commencing retroactively on \_\_\_\_\_, 20\_\_\_\_\_;
- (b) As an inducement for ALPS to provide Lawyers Professional Liability Insurance coverage for me as requested in paragraph (a) above, I assure ALPS that:
  - (i) I was insured under a lawyers professional liability insurance policy on the date set forth in paragraph (a) above; and
  - (ii) I did not render Professional Services in any capacity at any time from \_\_\_\_\_ to \_\_\_\_\_;
- (c) I intend that ALPS shall rely upon the statement set forth in paragraph 2(b) above and acknowledge that ALPS will strictly rely upon the statement set forth in paragraph 2(b) above in providing Lawyers Professional Liability Insurance coverage as requested in paragraph (a) above;
- (d) The information contained in this Statement is true and correct and shall be a material part of the Named Insured's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and
- (e) This Statement shall be deemed incorporated into any insurance policy ALPS may issue to the Named Insured.

**The undersigned Attorney represents to and assures 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 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 Firm. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

\_\_\_\_\_  
Signature of Attorney

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



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Outside Interests Supplement

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

Name of Attorney	Name of Entity	Position Held	Specify Profit (P) or Not-for Profit (NP)	Ownership Interest %	Current Client of Firm Y/N

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\_\_\_\_\_  
Signature of Authorized Person

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



**Predecessor Supplement**

Complete this supplement for each Predecessor Firm for whom coverage is requested.

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

A Predecessor Firm may include:

- any sole proprietorship or legally recognized entity previously engaged in the private practice of law.
- any firm where the Firm retained/acquired 50% or greater interest in financial assets and liabilities
- any firm where the Firm retained/acquired 50% or greater of total number of attorneys
- any firm previously determined to be a Predecessor Firm by a prior carrier

**Coverage for a Predecessor Firm is subject to Underwriting review and approval**

Answer all questions with respect to the Predecessor Firm only:

1. Name of Predecessor Firm(s): \_\_\_\_\_

2. Date of initial formation: \_\_\_\_\_ (mm/dd/yyyy)

a. Number of attorneys at initial formation \_\_\_\_\_

3. Date of dissolution or separation: \_\_\_\_\_ (mm/dd/yyyy)

a. Number of attorneys at dissolution or separation \_\_\_\_\_

4. Describe the circumstances under which this firm dissolved or separated:

\_\_\_\_\_

5. Date from which the Predecessor Firm maintained continuous professional liability insurance: \_\_\_\_\_

a. Predecessor Firm's limits in effect at the time of firm change: \_\_\_\_\_

b. Did the firm purchase an Extended Reporting Period endorsement?  Yes\*  No

**\*If yes, select the length of the Extended Reporting Period:**

- 1-year  2-year  3-year  
 5-year  Unlimited  Other: \_\_\_\_\_

6. Is the Predecessor Firm listed as an insured under your current policy?  Yes\*  No

**\*If yes, attach a copy of the endorsement or declarations page listing the firm.**

7. While employed by the Predecessor Firm, was any Attorney refused admission to practice, disbarred or suspended from practice?  Yes\*  No

**\*If yes, provide complete details and any supporting documentation.**

8. While employed by the Predecessor Firm, was any Attorney formally reprimanded by any court, administrative agency or regulatory body?  Yes\*  No

**\*If yes, provide complete details and any supporting documentation.**

9. Has the Predecessor Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company? [MISSOURI RESIDENTS, DO NOT ANSWER]  Yes\*  No

**\*If yes, provide a copy of the notice from the insurance carrier.**

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\_\_\_\_\_  
 Signature of Authorized Person

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



# APPLICATION

For Lawyers Professional Liability Insurance  
A Claims Made & Reported Policy

## Prior Acts Coverage Supplement

Complete this supplement for each attorney requesting coverage for services performed at a prior law firm.

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

### Attorney Section:

1. Prior Acts Coverage Supplement for:  Mr.  Ms. \_\_\_\_\_
2. What is the name of the Attorney's prior law firm? \_\_\_\_\_
3. Attorney's employment dates with prior law firm:
  - a. Hire date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - b. Departure date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
4. Did Attorney's prior law firm maintain Lawyers Professional Liability Insurance?  Yes  No
5. What is the Attorney's Prior Acts Coverage ("PAC") date listed on the prior law firm's policy? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. Did Attorney purchase an Extended Reporting Period Endorsement when leaving prior law firm?  Yes\*  No  
**\*If yes, provide a copy of the Endorsement.**

*Note: if your current PAC date is prior to your hire date with your prior law firm, please provide your complete employment history and answer questions 1 – 4 above for all your prior law firms.*

### Firm section:

1. Did the Attorney identified above bring any ongoing cases or clients to the Firm?  Yes\*  No  
 \*If yes, were all cases and clients approved by an owner, partner, or officer of the Firm?  Yes\*  No  
 \*If no, provide details:

**PLEASE NOTE:** Lateral hire and/or Career Coverage can potentially expose the Firm to claims made as a result of services rendered on behalf of an unrelated, prior law firm, diminish the Firm's limit of liability and/or require payment of a deductible. Please carefully evaluate and discuss this exposure with your ALPS representative.

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\_\_\_\_\_  
Signature of Authorized Person

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





**Securities Supplement**

Securities practice includes services rendered in connection with a securities transaction implicating or related to the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act, or any state law governing the registration, regulation, or offering of securities. Please complete this Securities Supplement if your securities practice involves: (i) any single securities offering of \$1 Million or more during any 12-month period; or (ii) any securities offering to more than 5 accredited or non-accredited investors. *Do not complete this Securities Supplement if your securities practice is limited to securities offerings of less than \$1 Million to five or fewer accredited investors in connection with the formation and organization of a new business entity.* Please classify these latter activities under the corporate/business area of practice.

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

1. List all attorneys in Firm whose practice includes Securities (attach separate sheet if necessary to list all Securities attorneys):

Name of Attorney	Years of Securities Experience

2. Total Firm revenue derived from securities practice:

a. Last Calendar Year: \_\_\_\_\_

b. Anticipated Next Calendar Year: \_\_\_\_\_

3. Have you issued or expressed an opinion or memorandum in connection with any securities transaction?  Yes  No
4. Do you utilize procedures for "cold review" of opinions, memoranda, and other formal legal advice to ensure a qualified attorney disinterested in the securities transaction reviews your work product?  Yes  No
5. Have you accepted as compensation, in lieu of fees, any client securities in connection with securities transactions?  Yes  No
6. Are you aware of any past or pending litigation in connection with any securities transaction in which the Firm rendered professional services?  Yes  No
7. Are you aware of any violation or non-compliance by any client of the Firm of any federal or state securities laws, rules, or regulations in connection with a securities transaction?  Yes  No
8. Has any member of the Firm ever been the subject of any investigation by the SEC, CFTC, or any other federal or state agency or regulatory body in connection with a securities transaction?  Yes  No
9. Has any member of the Firm ever been involved in a dispute regarding a matter of disclosure in connection with a securities transaction?  Yes  No
10. Has the Firm engaged in any other securities-related matters not otherwise addressed in this Securities Supplement?  Yes  No
11. By separate attachment, describe in detail what steps are taken to satisfy "due diligence" requirement.
12. By separate attachment, provide the following for all securities transactions handled in the past two years.

Description of Security	Type of Offering (See Key 1)	Name of Issuer	Nature of Issuer's Business	Amount of Offering	Registered Offering or Exempt	If Exempt, Basis of Exemption	Who Did Firm Represent (See Key 2)	Did Firm Issue or Express an Opinion

**Key 1**

Private Placement: PR	Syndication: S
Public Initial Placement: PIP	Government Bonds/ Municipal Financing: MF
Public Secondary Placement: PSP	Limited Partnership: LP
Corporate Bonds: CB	

**Key 2**

Issuer: I	Purchaser: P
Underwriter: U	Auditor: A
Lender: L	Other: O (please specify)

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\_\_\_\_\_  
Signature of Authorized Person

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



**Contract Attorney Supplement**

A **Contract Attorney** is a non-employee Attorney who renders professional services for and on behalf of the applicant Firm and solely to the extent those services are rendered to a client of the applicant Firm in conjunction with the applicant Firm's rendering of professional services to the client. ***In addition to this supplement, the Contract Attorney must complete an Individual Attorney Supplement.***

Name of Applicant Law Firm: \_\_\_\_\_

1. Full Name of Contract Attorney: \_\_\_\_\_

2. Is it the firm's intent to provide Lawyers Professional Liability Insurance to the contract attorney?  Yes  No

3. Is the contract attorney currently insured under the Firm's professional liability policy?  Yes\*  No

**\*If yes, what date were you added to the firm's policy?** \_\_\_\_\_

4. Please answer the following questions regarding the attorney's relationship with the firm:
- a. Does the contract attorney meet with the firm's clients?  Yes  No
  - b. Does the contract attorney have authority to sign documents on the firm's behalf?  Yes  No
  - c. Does the contract attorney make appearances on behalf of the firm's clients?  Yes  No
  - d. Does the Firm control, provide oversight and supervise the professional services provided by the contract attorney?  Yes  No

5. Does the contract attorney maintain separate professional liability insurance coverage?  Yes\*  No

**\*If yes, attach a copy of the contract attorney's current declarations page or a certificate of insurance.**

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\_\_\_\_\_  
 Signature of Authorized Person

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



**Patent Supplement**

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

Patent includes all aspects of the registration, protection and licensing of patents; practice before federal and state courts in actions for infringement and other actions; the prosecution of applications before the United States Patent and Trademarks Office; counseling with regard to the law of unfair competition as it relates to patents. Patent Prosecution is actively representing a client in securing intellectual property protection for an idea or writing. It does not include preserving or defending a client's intellectual property rights once secure

**If more than one attorney in the Firm practices in this area, one supplement will suffice. All attorneys indicating Patent work on their Individual Attorney Supplement must be listed below.**

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

1. Please provide the following information regarding any attorneys in the Firm who practice in the area of **Patent Law**:

Name of Attorney	Years of Patent Experience	Advanced Education or Degrees	Registered with the USPTO
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

*Please complete a separate attachment for additional attorneys who practice in this area.*

- 2. How many Patent cases are handled by the Firm annually? \_\_\_\_\_
- 3. What percentage of the Firm's total fees are generated by Patent work? \_\_\_\_\_ %
- 4. What percentage of Patent Work is done for international clients? \_\_\_\_\_ %
- 5. Does the Firm provide infringement counseling?  Yes  No
- 6. What procedures does the Firm have in place to track long-term patent deadlines?
  
- 7. Do you file any patents outside of the United States?  Yes  No  
**If yes, please explain and list the locations:**
  
- 8. Does the Firm engage in Patent Prosecution?  Yes  No  
**If yes, what percentage of the Firm's total fees involve Patent Prosecution?** \_\_\_\_\_ %  
*By separate attachment, provide details on the size and type of clients; also describe the Firm's process for patent searches and the Firm's expertise in the area of Patent Prosecution.*
  
- 9. What percentage of defense of Patents is involved? \_\_\_\_\_ %
- 10. What percentage of enforcement of Patents is involved? \_\_\_\_\_ %
- 11. Does the Firm accept any ownership or interest in their client's patent in lieu of fees?  Yes  No

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\_\_\_\_\_  
Signature of Authorized Person

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



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

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

1. Please provide the approximate percentage of gross billings over the past year for each of the following areas:
- |  |            |
|--|------------|
| a. Residential title searches; title opinions and other title work:                    | a. _____ % |
| b. Commercial title searches; title opinions and other title work:                     | b. _____ % |
| c. Any opinions rendered on undeveloped and/or vacant land (residential or commercial) | c. _____ % |
| d. Residential Closing:  | d. _____ % |
| e. Commercial Closing:   | e. _____ % |
| f. Residential Land Use, Zoning:   | f. _____ % |
| g. Commercial Land Use, Zoning:  | g. _____ % |
| h. Eminent Domain:   | h. _____ % |
| i. Syndication/Development:  | i. _____ % |
| j. Mineral Rights (sale, transfer, etc):   | j. _____ % |
| k. Oil & Gas Title Opinions:   | k. _____ % |
| l. Landlord/Tenant:  | l. _____ % |
| m. Other: _____  | m. _____ % |
- Total (Must equal 100%):** \_\_\_\_\_ %

2. If the Firm performs real estate closings, please answer the following:
- a. Who in the Firm performs real estate closings?  Attorney  Paralegal  Other: \_\_\_\_\_
- b. Who in the Firm undertakes responsibility for preparing or reviewing closing documents and closing calculations, e.g. preparing settlement statements, determining pro-rations or disbursing settlement proceeds?  
\_\_\_\_\_
- c. Are the real estate closing documents reviewed by an attorney in the Firm?  Yes  No
- d. Estimated number of closings in the past 12 months? \_\_\_\_\_
- e. What is the value of largest **commercial** real estate transaction handled by the Firm in the last 5 years? \$ \_\_\_\_\_
- f. What is the value of largest **residential** real estate transaction handled by the Firm in the last 5 years? \$ \_\_\_\_\_
3. Does the Firm undertake any aspect of financial or valuation analysis or review of tax ramifications for clients?  Yes  No
4. Does any attorney in the Firm provide services as Title Insurance Agent?  Yes\*  No
- \*If yes, who performs the Title Search?**  Attorney  Paralegal  Outside Title Abstractor  Other: \_\_\_\_\_

**Provide the attorney(s) name(s) and provide the percentage of their practice that involves work as a Title Insurance Agent?**

5. Does the Firm own a Title Agency?  Yes\*  No
- \*If yes, what is the name of the Title Agency?** \_\_\_\_\_
- Does any Title Insurance Company, or any other entity, have ownership interest in the Title Agency?  Yes\*  No
- \*If yes, what is the name of the entity?** \_\_\_\_\_
- Are all employees of the Title Agency also employees of the Firm?  Yes  No
- Is the Title Agency located in the same premises as the Named Insured?  Yes  No
6. Does any title agent or abstractor know of any circumstance, act, error, or omission that could result in a professional liability claim against him/her or the Firm?  Yes\*  No
- \*If yes, please complete the Claims Information Supplement**

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Signature of Authorized Person \_\_\_\_\_

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