



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Multiple Attorney Supplement (Part 1 of 2)

Name of Firm: _____

1. Estimate the percentage of practice provided *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/Servicemark | _____ 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%)

2. Complete and attach the Multiple Attorney Supplement (Part 2 of 2) that includes the following information:

- | | | |
|---------------------------|---|-----------------------------------|
| ✓ <i>Attorney Name</i> | ✓ <i>Date Joined Firm</i> | ✓ <i>State of Office Location</i> |
| ✓ <i>Position in Firm</i> | ✓ <i>Hours Worked per Week</i> | ✓ <i>Law School Attended</i> |
| ✓ <i>Email address</i> | ✓ <i>% of hours worked that were billable</i> | ✓ <i>FICO Score</i> |
| ✓ <i>Last 4 of SS#</i> | ✓ <i>Date First admitted to Bar</i> | |
| ✓ <i>Birth Date</i> | ✓ <i>State(s) licensed/admitted</i> | |

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

***If yes, how many? _____ Complete a Claim Information Supplement for each claim and include all attorneys involved.**

4. Is any attorney an employee of any other organization other than the applicant Firm? Yes* No

***If yes, by separate attachment please provide the name of the employer and the attorney's position with the organization.**

5. Does any attorney in the Firm render professional legal services to any entity as to which he/she serves as an owner, officer, director, employee or other fiduciary, or as to which they 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.**

6. Does any attorney perform any professional legal services for any entity other than the applicant Firm? Yes* No

***If yes, by separate attachment please provide the name of the attorney and the other entity.**

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)

