



# 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	Ownership Interest %	Current Client of
			Profit (P) or Not-for Profit (NP)		Firm Y/N

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)