



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 Has the Predecessor Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company?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.**

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)