



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.

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)