

ALPS Application for Lawyers' Professional Liability Insurance Financial Institution/Banking Supplement - Maine

Matters relating to professional services on behalf of a savings and loan, bank, credit union, mortgage company, insurance company (not including insurance defense) in the past 5 years.

If more than one attorney practices in this area, one supplement will suffice. All attorneys indicating this area of practice on their IAS must be listed on this supplement.

Name of Applicant Firm: _____

1. Financial Institution: _____		_____	_____
Name		City, State	
Name of Attorney: _____	Work From: _____	To: _____	_____
		(mm/dd/yyyy)	(mm/dd/yyyy)
Nature of Work Provided: _____			
Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % Ownership	Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Committee: _____	
2. Financial Institution: _____		_____	_____
Name		City, State	
Name of Attorney: _____	Work From: _____	To: _____	_____
		(mm/dd/yyyy)	(mm/dd/yyyy)
Nature of Work Provided: _____			
Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % Ownership	Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Committee: _____	
3. Financial Institution: _____		_____	_____
Name		City, State	
Name of Attorney: _____	Work From: _____	To: _____	_____
		(mm/dd/yyyy)	(mm/dd/yyyy)
Nature of Work Provided: _____			
Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % Ownership	Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Committee: _____	
4. Financial Institution: _____		_____	_____
Name		City, State	
Name of Attorney: _____	Work From: _____	To: _____	_____
		(mm/dd/yyyy)	(mm/dd/yyyy)
Nature of Work Provided: _____			
Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % Ownership	Committee Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Committee: _____	

If there are more financial institutions, please continue on a separate attachment.

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

I understand information submitted herein becomes part of my firm's Professional Liability Application and is subject to the same terms and conditions.

Applicant Signature _____

Position _____

Date (mm/dd/yyyy) _____