



ALPS Application for Lawyers' Professional Liability Insurance
Complete One Per Attorney

Individual Attorney Supplement – Maine

Name of Applicant Firm: _____

1. Individual Attorney Supplement for: Mr. Ms. _____
Email Address: _____

Do you work **less** than 30 hours per week? Yes No
If yes, provide the average number of hours worked per **week** on behalf of the applicant firm: _____

2. Position with the firm: Solo Practitioner Partner/Owner Associate Of Counsel* Independent Contractor*
***If you are acting as an Of Counsel or Independent Contractor, complete form OC/IC.**

3. In the twelve (12) months prior to the requested effective date of the policy, did you complete three (3) or more hours of CLE seminars in Ethics, Risk Management, Loss Prevention, and/or Office Management? Yes No

4. If you are currently covered by Professional Liability Insurance, provide your current retro-active coverage date: _____ (mm/dd/yyyy)

5. Date you joined the firm: _____ (mm/dd/yyyy)

6. Has any professional liability claim or suit been made against you within the last 5 years, regardless of whether indemnity was paid? Yes No
If yes, how many? _____ **Complete a Claim Information Supplement for each claim.**

7. Are you aware of or do you have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against you, regardless of the merit of such claim? Yes No
If yes, how many? _____ **Complete a Claim Information Supplement for each.**

8. Note the percentage of your professional time in private practice devoted to each area below. **The total must equal 100%.**

_____ Admiralty/Maritime	_____ Entertainment/Sports	_____ Oil/Gas
_____ Anti-trust/Trade Regulation	_____ Environmental	_____ Patents*
_____ Arbitration/Mediation	_____ Estate/Probate/Wills/Trusts	_____ Copyright/Trademark/ServiceMark*
_____ 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*
_____ Corporation/Business Formation	_____ Immigration	_____ Social Security
_____ Mergers and Acquisitions	_____ International Law	_____ Taxation*
_____ Criminal	_____ Labor Law/Employee Relations	_____ Workers' Compensation
_____ Domestic Relations	_____ Natural Resources/Water Rights	_____ Other, please describe:

		Total (must equal 100%)

*Please note: If you indicate that you practice in any of the following areas of practice (Civil Litigation: Plaintiff; Civil Litigation: Defense; Financial Institutions/Banking; Patents; Copyright/Trademark/ServiceMark; Real Estate; Securities Exempt/Bonds; Securities/Registered Offerings; Taxation), your firm will be required to complete a supplement for the applicable areas of practice indicated.

9. Do you offer any of the following services? Yes No

If yes, please show the percentage of total time devoted to each service:

Insurance Agent/Broker: _____	Real Estate Agent/Broker: _____	
Accountant: _____	Title Agent: _____	
Prosecutor: _____	Abstractor: _____	
Public Defender: _____	Municipal, State, or Corporate Counsel: _____	

If yes (question 9), do you maintain separate errors and omissions insurance for those services? Yes No

If no, please explain:

10. Last four digits of your Social Security Number XXX-XX- _____

11. Date of Birth: _____ (mm/dd/yyyy)

12. State licensed or admitted to practice law:

State	Date Admitted/Licensed (mm/dd/yyyy)	Do you provide professional services for clients in this state?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Previous employment since admission to the bar:

Start Date (mm/dd/yyyy)	to	End Date (mm/dd/yyyy)	Name of Employer	Position	State
	to				
	to				
	to				

14. Are you an employee of any organization other than the applicant firm? Yes No

If yes, please provide the name of your employer and your position:

15. Do you serve as director or officer, or exercise any fiduciary control over any business enterprise other than the applicant firm or do you have any interest in a client's business? This includes profit and not-for-profit organizations. Yes No

If yes, complete the Outside Interest supplement.*

16. Do you perform any professional legal services for any entity other than the applicant firm? Yes No

If yes, please provide the name of the other entity.*

*Refer to policy exclusions regarding these exposures.

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 a part of my firm's Professional Liability Application and is subject to the same terms and conditions.

Attorney's Signature

Date (mm/dd/yyyy)