

ALPS Application for Lawyers' Professional Liability Insurance

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: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small>
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: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small>
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: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small>
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: _____ <small>(mm/dd/yyyy) (mm/dd/yyyy)</small>
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.

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)
Producer's Signature		Date (mm/dd/yyyy)