

**ALPS Application for Lawyers' Professional Liability Insurance**

**If more than one attorney practices in this area, one supplement will suffice.**

Name of Applicant Firm: \_\_\_\_\_

1. Name of Title Agency: \_\_\_\_\_

2. Applicant is:  Individual  Corporation  Partnership  Other

3. Year Established: \_\_\_\_\_ (mm/dd/yyyy)

4. Estimated Total Gross Income from title agent commissions this year: \_\_\_\_\_

Last year: \_\_\_\_\_

5. Number of professionals and clerical staff who are employees of the entity:

Attorneys: \_\_\_\_\_ Other Professionals/Abstractors: \_\_\_\_\_ Clerical Staff: \_\_\_\_\_

6. Does any title insurance company, or any other entity, have ownership interest in the title agency?  Yes  No

**If yes, who?** \_\_\_\_\_

7. Who performs the title search for title insurance policies issued by the title agency?

\_\_\_\_\_

8. Are all employees of the title agency also employees of the Named Insured law firm?  Yes  No

9. Is the title agency situated in the same premises as the Named Insured?  Yes  No

10. Has any title agent or abstracting professional liability claim ever been made against the applicant or employees of the firm?  Yes  No

**If yes, please complete the Claims Information Supplement.**

11. Is any attorney in your firm currently under investigation, charged with or been convicted of a felony or misdemeanor in the last three (3) years?  Yes  No

**If yes, please complete the Claims Information Supplement.**

12. How many title insurance policies were issued through your firm last year?

Loan Policies: \_\_\_\_\_ Owned Policies: \_\_\_\_\_

**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) \_\_\_\_\_