

**ALPS Application for Lawyers' Professional Liability Insurance      Multiple Attorney Supplement – New Hampshire**  
 Complete One Per Firm

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

 1. Note the percentage of professional time in private practice devoted by the Firm 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/Service mark*
_____ 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:
		_____

**\*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/Service mark; 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.

 2. Does your firm offer any of the following services?  Yes    No  
**If yes, please show the percentage of total time devoted to each service:**

Insurance Agent/Broker:	<u>0.00</u>	Real Estate Agent/Broker:	<u>0.00</u>
Accountant:	<u>0.00</u>	Title Agent:	<u>0.00</u>
Prosecutor:	<u>0.00</u>	Abstractor:	<u>          </u>
Public Defender:	<u>0.00</u>	Municipal, State, or Corporate Counsel:	<u>0.00</u>

**If yes (question 2), do the attorneys in the firm that provide these services maintain separate errors and omissions insurance for those services?**  Yes    No  
**If no, please explain:**

 3. Is any attorney an employee of any organization other than the applicant firm?  Yes    No  
**If yes, by separate attachment please provide the name of the employer and the attorney's position:**

 4. Does any attorney serve as director or officer, or exercise any fiduciary control over any business enterprise other than the applicant firm or have any interest in a client's business? This includes profit and not-for-profit organizations.  Yes    No  
**If yes, please complete the Outside Interest supplement.\***

 5. Does any attorney perform any professional legal services for any entity other than the applicant firm?  Yes    No  
**If yes, by separate attachment please provide the name of the attorney and the other entity.**



ALPS Application for Lawyers' Professional Liability Insurance

MULTIPLE ATTORNEY SUPPLEMENT – New Hampshire

Name of firm: \_\_\_\_\_

\* Qualifying CLE- Ethics, Risk Mgmt., Loss Prevention or Office Mgmt.

**This application must be signed by an owner, partner or corporate officer. Signing does not bind the applicant or ALPS.**

Attorney's Name	Position in firm	Last 4 of SS #	Date joined firm	Retroactive Coverage date	3 Hours qualifying CLE in last year?* Y/N	Avg. # hours Worked per week	Date admitted To bar	State licensed/ admitted	Email address	Any fact, circumstance, act error or omission that could lead to a claim? Y/N

\_\_\_\_\_  
Signature of Owner, Partner or Corporate Officer

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name/Title

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print or Type Name/Title