



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

Individual Attorney Supplement

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 06-13.

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%.

Table with 3 columns of practice areas: 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:
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/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.

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.

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)