



ALPS Application for Lawyers' Professional Liability Insurance Of Counsel/Independent Contractor Supplement

Name of Applicant Firm: _____

1. Attorney Name: _____

2. Specify Relationship: Of Counsel Independent Contractor

3. Are you currently insured under the applicant firm's professional liability insurance policy? Yes No
If yes, what is your current retroactive date: _____ (mm/dd/yyyy)

4. What percentage of time do you spend working on the firm's behalf? _____ How many hours per week? _____
Note: If the percentage is 0% or number of billable hours is 0, you may not qualify for coverage with the applicant firm.

5. Please describe how your fees for professional services rendered will be charged to and collected from the applicant firm's clients:
[Empty box for description]

6. Do you:
a. Provide professional services on behalf of any other entity other than the applicant firm? Yes No
Please list all other entities on your Individual Attorney Supplement.

b. Use engagement, declination, and disengagement letters for all matters accepted, declined, or withdrawn from? Yes No

c. Check both internally and with the firm for potential conflicts of interests and disclose all conflicts in writing to the parties involved? Yes No

d. Please describe how your relationship to the firm is, or will be, described to the client.
[Empty box for description]

e. Maintain any separate professional liability insurance coverage? Yes No
If so, please attach a copy of your Declaration Page or a Certificate of Insurance.

7. Are you listed on the applicant firm's letterhead? Yes No

8. How much control/oversight does the applicant firm have on the professional services you provide?

Note: in addition to this supplement, complete an Individual Attorney Supplement.

I understand information submitted herein becomes a part of my firm's Professional Liability Application and is subject to the same terms and conditions.

Of Counsel or Independent Contractor's Signature _____

Date (mm/dd/yyyy) _____