



ALPS Application for Lawyers' Professional Liability Insurance Section

Firm Information

Claims Made and Reported Policy

1. Firm Name: _____

2. Street Address: _____ Insurance Contact: _____
 _____ Email: _____
 _____ Office Manager: _____
 City: _____ Telephone: _____
 State: _____ Zip: _____ Fax: _____
 County: _____ Organization Type: _____
 Mailing address if different than street address: _____

3. Attach copies of all **letterhead** used by the firm.
 Inconsistency between information included in this application and information on the **letterhead** must be explained by separate attachment.

4. Total number of people working on behalf of this law firm: _____

	Partners/Shareholders /Owners	Associates/ Employed Lawyers	Of Counsel*	Independent* Contractors	Other (explain)
# of Attorneys:					

	Paralegals	Legal Assistants	Law Clerks	Clerical	Other (explain)
# of Employees:					

***If Of Counsel or Independent Contractor applies, in addition to an Individual Attorney Supplement, complete form OC/IC 06-13**

5. Does any attorney in the firm practice law in any other state other than the state listed in question 2 above? Yes No
 If yes, provide the state and the % of revenue generated from that state: _____

6. Does the firm have attorneys or employees in locations other than the address listed in question 2 above? Yes No
 If yes, answer the following regarding all office locations:

	Street Address, City, State	Revenue % (must total 100%)	# of Attorneys	# of other employees
Primary:				

7. Date this firm was established: _____ (mm/dd/yyyy)

8. Does the firm currently have professional liability insurance? Yes No
If yes, what is the firm's Loss Inclusion Date/Prior Acts Date on the current policy? _____ (mm/dd/yyyy)

9. Current policy expiration date or requested policy effective date: _____ (mm/dd/yyyy)

10. Does your current policy include any type of endorsement? Yes No
If yes, attach a copy of each endorsement.

11. Is this firm the majority successor (acquired 51% or more of assets and liabilities) in interest of any other law firm? Yes No

Name of Predecessor Firms (Use a separate attachment if needed.)	Dates of Operation From/To (mm/dd/yyyy)		# Lawyers Acquired
		to	
		to	
		to	

12. Does the firm currently share office space with any other law firms? Yes No
If yes, list the formal name of the other law firm(s): _____

13. Requested Coverage

a. Select each Claim/Aggregate Limit the firm desires:

<input type="checkbox"/>	\$250,000 / \$250,000	<input type="checkbox"/>	\$500,000 / \$1,000,000	<input type="checkbox"/>	\$2,000,000 / \$2,000,000	<input type="checkbox"/>	\$3,000,000 / \$6,000,000
<input type="checkbox"/>	\$250,000 / \$500,000	<input type="checkbox"/>	\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$2,000,000 / \$4,000,000	<input type="checkbox"/>	Other:
<input type="checkbox"/>	\$500,000 / \$500,000	<input type="checkbox"/>	\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$3,000,000 / \$3,000,000		

b. Select the Deductible the firm desires:

<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$25,000*	<input type="checkbox"/>	\$100,000*
<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$50,000*	<input type="checkbox"/>	\$250,000*

*Financial statement required

Risk Management Profile Section

1. List all prior professional liability insurance policies carried by the firm for the past five (5) years:

Policy Period From/To (mm/dd/yyyy)	Insurance Carrier	Limits of Liability	Deductible	# of Attorneys Covered	Premium
to					
to					
to					
to					
to					

2. Does each attorney have a back-up attorney to handle cases in their absence? Yes No

3. Does the firm have a formal system to evaluate the performance of all practicing lawyers? Yes No

4. Does the firm maintain a conflict avoidance system? Yes No

If yes (question 4), answer the following:

a. Is the conflict avoidance system maintained in any of the following ways? (Check all that apply.)

- Oral/Memory Computer Physical Files Other: _____

b. Does the conflict avoidance system capture the following? (Check all that apply.)

- Firm Members Past Clients Current Clients Opposing Parties
 Individuals and Family Members with Interest in Business Entities Other: _____

c. When there is a conflict, do you resolve it by obtaining written waiver? Yes No

5. Does the firm advertise its services? (If yes, check all that apply.) Yes No

- Television Yellow Pages Internet Firm Website Radio

List all website addresses: _____

Attach copies of advertising. Please initial here if you only use line listings in yellow pages _____

6. Does the firm maintain a docket control system? Yes No

a. Is the docket control system computerized? Yes No

b. Are any of the following incorporated into the docket control system? (Check all that apply.)

- Calendar Duplicate Calendar Tickler File Pocket Diary

c. Does the system include any of the following? (Check all that apply.)

- Litigated Items Non-litigated Items Statute of Limitations Other: _____

d. How frequently does the firm cross check deadlines?

- Daily Weekly Monthly Never

e. Is the attorney assigned to the case responsible for docketing? Yes No

If no, who is responsible for docketing deadlines?

7. Do you initiate suits to collect fees for your firm's services? Yes No
If yes, answer the following:
a. How many suits were initiated in the past 12 months? _____
b. Who files the suit? Applicant Firm Collection Agency Other: _____
c. Do you have a file review procedure prior to initiating suit? Yes No
8. Do you use engagement letters or retainer agreements that outline the scope of your representation, fee agreements, and billing arrangements? Yes No
If no, please explain:

9. Do you use non-engagement letters when declining to represent a potential client? Yes No
If no, please explain:

10. Do you use disengagement letters, termination letters, or closing letters when completing or terminating your legal representation? Yes No
If no, please explain:

Claims History

Section

1. Has any claim or suit been made against you or any other current or former member of this firm or any predecessor firm in the last five (5) years or is any claim or suit made more than five (5) years ago still pending? Yes No
If yes, complete a Claim Information Supplement for each claim and provide a five (5) year loss run showing open and closed claims.
2. Are you or any member of the firm aware of or do you or any member of the firm have knowledge of any fact, circumstance, act, error, or omission that could reasonably be expected to be the basis of a claim against any current or former attorney in the firm or its predecessors, regardless of the merit of such claim? Yes No
If yes, complete a Claims Information Supplement for each potential fact, circumstance, act, error, or omission.
3. Has any member of the firm had an investigation, inquiry or disciplinary complaint made to any court, administrative agency, or regulatory body in the past five (5) years? Yes No
If yes, provide a copy of each complaint, answer and/or resolution of the complaint.
4. Has any attorney in your firm been refused admission to practice, disbarred, suspended from practice, or been formally reprimanded by any court, administrative agency or regulatory body in the past year; or is any attorney under investigation? Yes No
If yes, provide complete details and any supporting documentation.
5. [MISSOURI RESIDENTS, DO NOT ANSWER] Has the firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any carrier? Yes No
If yes, provide formal documentation issued by each carrier or potential carrier or provide a detailed explanation.
6. 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, provide details.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO KANSAS APPLICANTS: IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR

PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO THE APPLICANT (continued) - PLEASE READ CAREFULLY

APPLICANT REPRESENTATIONS AND ASSURANCES: The undersigned hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application is true and correct as of the date this application is executed and that ALPS shall be entitled to rely upon this application as the basis of any insurance policy ALPS may issue to the applicant firm. The undersigned acknowledges and agrees that this application shall be deemed incorporated into any insurance policy ALPS may issue to the applicant firm.

The undersigned further represents to and assures ALPS that the applicant firm will report to ALPS (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts or circumstances which may give rise to a claim. The undersigned agrees that these representations and assurances constitute a continuing obligation and that the applicant firm has a continuous duty throughout the policy period to update this application, its supplements and attachments for any such material changes.

RELEASE OF CLAIMS INFORMATION: By executing this application, the undersigned hereby authorizes any prior insurer to release the applicant's claims information to ALPS.

DEFENSE OF CLAIMS: In applying for coverage, the undersigned agrees that, in the event of a covered loss, ALPS will be required to defend the applicant and that, if the applicant has not purchased first dollar defense cost coverage, the deductible shall apply to loss and claim expenses, adjusting expenses, investigation costs and legal fees. If the applicant elects to defend a claim without involving ALPS, no coverage for that claim will be afforded the applicant under the policy.

CLAIMS MADE AND REPORTED POLICY: The undersigned understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant must immediately report any claim to ALPS while the policy is in force. No coverage exists under the policy for a claim which is first made against the Insured or first reported to ALPS before or after the policy period or any applicable extended reporting period. All coverage ceases with the termination of the policy unless the undersigned exercises certain options available in accordance with the terms of the policy.

FAILURE TO REPORT CLAIMS: The failure to report any claims made against the applicant or any attorney in the applicant's firm under any current or previous insurance policy, or failure to reveal timely facts or circumstances which may give rise to a claim against current or prior insureds, may result in the absence of coverage for any matter which should have been reported or may result in the failure of coverage altogether.

COMMITMENT TO PRIVACY: ALPS is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Access to your personal information is restricted solely to those ALPS employees who have a business need for such information. ALPS believes all of your personal information is confidential. Therefore, it is our policy not to disclose your personal information to any third parties, except as permitted by law, unless you direct us to do so or if we are compelled by law to do so.

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

Signature of Owner, Partner or Corporate Officer

Date (mm/dd/yyyy)

Print or Type Name/Title