



**ALPS Application for Lawyers' Professional Liability Insurance**  
Complete One Per Firm

**Multiple Attorney Supplement**

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/ServiceMark*
_____ 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/ServiceMark; 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: _____	Real Estate Agent/Broker: _____
Accountant: _____	Title Agent: _____
Prosecutor: _____	Abstractor: _____
Public Defender: _____	Municipal, State, or Corporate Counsel: _____

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**

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

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

\* 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.**

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

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

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