

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 - MAINE

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

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

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