



First Flight Application for Lawyers' Professional Liability Insurance
Claims Made and Reported Policy

Firm Profile Section

IMPORTANT NOTICE – This is an application for a Claims-made policy and excludes any prior acts coverage. ALPS Property & Casualty Insurance Company will not provide coverage or defense for any claim made that arises from an act, error, omission, or Personal Injury that happened prior to the effective date of your first policy. This program is for sole practioners only. This means that you (or your professional corporation) do not employ any other lawyer(s) and do not have a partner or any arrangements with one or more attorneys.

The First Flight Program, upon underwriting approval and issuance, provides for Limits of Liability of \$250,000 each claim & with an annual aggregate of \$500,000. The deductible will be \$1000 per claim, with an annual maximum of \$2000 in the aggregate.

1. Firm Name: _____
2. Street Address: _____ Attorney name: _____
Email: _____
Office Manager: _____
City: _____ Telephone: _____
State: _____ Zip: _____ Fax: _____
Organization Type: _____
Mailing address if different than street address: _____

3. Last four digits of your Social Security Number XXX-XX- _____

4. Date of Birth: _____ (mm/dd/yyyy)

5. Are you a solo practitioner? Yes No **If no, you are not eligible for this program.**

6. How many years have you been in private practice? _____

State(s) licensed or admitted to practice law:

State	Date Admitted/Licensed (mm/dd/yyyy)	% of Revenue Generated (Must total 100%)

7. Requested policy effective date: _____ (mm/dd/yyyy)

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

9. Are you employed by any other entity or do you perform legal services for any other entity? Yes No
If yes, please provide the name of the law firm and/or entity name and your position:

10. Do you serve as a 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, by separate attachment, list the following: Name of entity, nature of the business, position held, % of ownership, name of the insurance carrier and indicate if it is a client of the firm.

1. Please confirm that the applicant law firm meets all of the eligibility criteria by warranting the following items are true, or that the best practices in risk management are currently in place, or will be in place within three months of Policy Effective Date. *If you answer 'No' to any question, you do not qualify for this program. Please fill out a full application for consideration into ALPS' Standard Program.*
- a. I do not, or will not practice in the following areas of practice: International Law, Patents, Copyright, Trademark, or Servicemark Law or in Securities Related Law. Yes No
 - b. Completion of three (3) or more hours of CLE seminars in Ethics, Risk Management, Loss Prevention, and/or Office Management during the policy year. Yes No
 - c. A conflict avoidance system. Yes No
 - d. A computerized docket system. Yes No
 - e. Engagement letters are used with all clients. Yes No
 - f. Disengagement letters are used with all clients. Yes No
 - g. Non-engagement letters are used when declining all clients. Yes No
 - h. Will not initiate suits to collect fees for the applicant firm's services. Yes No
 - i. I do not, or will not employ more than two office/clerk staff, including paralegals. Yes No

Claims History Section

- 1. Has any claim or suit been made against you or is any claim or suit still pending? Yes No
- 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
- 3. Have you had a disciplinary complaint made to any court, administrative agency, or regulatory body? Yes No
- 4. Have you 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
- 5. Are you currently under investigation, charged with or been convicted of a felony or misdemeanor? Yes No

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