



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

First Flight Application for Solo Attorneys

Claims Made and Reported Policy

This coverage is limited to claims first made and reported to the Company during the policy period as stated in the Declarations or any applicable Extended Reporting Period.

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 practitioners 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. **Law Firm Name:** _____
Provide a sample of any letterhead used by the firm; inconsistency between information included in this application and information on the letterhead must be explained by separate attachment.

2. **Attorney Information:** Mr. Ms. _____
Email address: _____
Date of Birth: _____ (mm/dd/yyyy) Last 4 of SSN: _____ FICO Score (Optional): _____
State(s) Licensed: _____ Effective Date(s) of License(s): _____ Law School Attended: _____

3. **Physical Address for Primary Location of the firm:**
Street Address: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip Code: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
Firm Website(s): _____
If there is a non-attorney employee of the firm whom we should also communicate with, please designate them here:
Name: _____ Email: _____

- 4. **Are you a solo practitioner?** Yes No **If no, you are not eligible for this program.**
- 5. **How many years have you been in private practice?**
- 6. **Requested policy effective date:** _____ (mm/dd/yyyy)
- 7. 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):
- 8. 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:
- 9. 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.



Risk Management & Eligibility Section

1. Please confirm that the applicant law firm meets all of the eligibility criteria by representing to the Company that 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/clerical 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, or have you been charged or convicted of a felony or misdemeanor within the last 5 years? Yes No



NOTICE TO THE APPLICANT - PLEASE READ THIS SIGNATURE PAGE CAREFULLY

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

DEFENSE OF CLAIMS: In applying for coverage, the Authorized Person agrees that, in the event of a covered claim, ALPS will defend the applicant Firm and that, if the applicant Firm has not purchased first dollar defense cost coverage, the deductible shall apply to all sums payable under the policy as damages and claim expenses. If the applicant elects to defend a claim without involving ALPS in the defense of the claim, no coverage for that claim will be afforded the applicant Firm under the policy.

CLAIMS MADE AND REPORTED POLICY: The Authorized Person understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant Firm must immediately report any claim to ALPS while the policy is in force. No coverage exists under the policy for a claim that is first made against an Insured or first reported to ALPS before or after the policy period or any applicable extended reporting period.

FAILURE TO REPORT CLAIMS AND CIRCUMSTANCES: Failure to report any claim made against the applicant Firm or any attorney in the applicant Firm under any current or previous insurance policy, or the failure to timely disclose facts, events or circumstances which may give rise to a claim against any current or prior insured, may result in the absence of insurance coverage for any such claim, facts, events, or circumstance which should have been reported, and may result in the cancellation or rescission of any policy ALPS may issue in reliance upon this application.

COMMITMENT TO PRIVACY: ALPS is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Therefore, ALPS will not to disclose your personal information to any third parties, except as permitted by law, unless you direct ALPS to do so or if ALPS is compelled by law to do so.

APPLICATION IS NON-BINDING: By signing this application, the Authorized Person understand that ALPS is not obligated to issue any quotation for insurance coverage or any policy and the applicant Firm is not obligated to accept any quotation for insurance coverage or purchase any such insurance coverage from ALPS.

AUTHORIZED PERSON MUST SIGN APPLICATION: This application must be signed by an authorized principal, partner, shareholder, member, owner or other authorized person (the "Authorized Person") acting on behalf of the applicant Firm. The Authorized Person represents to ALPS that the Authorized Person has authority to designate the Primary Insurance Contact* set forth on page 1 of this application and to execute and deliver this application to ALPS on behalf of the applicant Firm.

*Primary Insurance Contact means an Attorney who is authorized to communicate with ALPS at any time and to make all decisions and take all actions on behalf of the Named Insured with respect to all policy terms and conditions, including, but not limited to, the giving and receiving of all notices, consents, communications and correspondence, the cancellation or non-renewal of any insurance policy ALPS may issue, the payment of any premiums and deductible due under said policy, and the receipt of any return premium that may be due under said policy.

APPLICANT REPRESENTATIONS AND ASSURANCES: The Authorized Person 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 Authorized Person 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, events or circumstances which may give rise to a claim. The undersigned agrees that these representations 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.

The Authorized Person further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered between the date this application is signed and the effective date of the Policy, which would render the information in this application inaccurate or incomplete, any such information will immediately be reported in writing ALPS and **ALPS may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.**

Signature of Authorized Person

Date (mm/dd/yyyy)

Print or Type Name/Title



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 ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication 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 KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

THIS PAGE IS PROVIDED PURSUANT TO CERTAIN STATE INSURANCE LAWS.
YOU DO NOT NEED TO RETURN THIS PAGE TO ALPS.