



COVERAGE FEATURES

All Claims Handled by Licensed Attorneys

Supplementary Payments for Disciplinary Proceedings

Scope of Professional Services Covered

Professional Services to Related Organization Covered

Claims Expense Allowance Outside the Limit of Liability

Insured's Consent to Settle Required

Reduced Deductible for Voluntary Formal Mediation

Annual Deductible Cap of Twice the Per Claim Amount

Reduced Deductible if Engagement Letter used

Supplementary Payments for Loss of Earnings

Supplementary Payments for Subpoena Assistance

Supplementary Payments for Public Relations Event

ALPS BASIC



\$5000

Includes Mediators, Court-Appointed Family Investigators & Notary Public

Must own 5% or less



ALPS PREFERRED



\$25,000 per attorney
\$75,000 in the aggregate

Expanded to include Title Insurance Agents, Author/Presenter of Legal Materials, & Lobbyist

Must own 10% or less

Up to \$500,000



ALPS PREMIER



\$50,000 per attorney
\$150,000 in the aggregate

Expanded further to include Expert Witness

Must own 15% or less

Up to \$1,000,000



PREMIUM ESTIMATE FORM

EMAIL COMPLETED FORM TO LEARNMORE@ALPSNET.COM



CONTACT INFORMATION

Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Website: _____

INSURANCE HISTORY

Current Carrier: _____
 Policy Effective Date: _____
 Limits (Per Claim/Aggregate): _____ / _____
 Deductible: _____
 Retroactive Date: _____
 Annual Premium: _____

GENERAL INFORMATION

Firm Established Date: _____
 No. of Paralegals/Law Clerks: _____ No. of Clerical: _____
 Attorney Insurance Contact: _____
 Non-Attorney Insurance Contact: _____

RISK MANAGEMENT

Do you sue for fees? Yes No
 If yes, how many in last 24 mo? _____

FIRM AREA(S) OF PRACTICE (List % of Each)

- | | | |
|---|---------------------------------------|---------------------------------------|
| ____ % Admiralty/Maritime | ____ % Entertainment/Sports | ____ % Natural Resources/Water Rights |
| ____ % Anti-trust/Trade Reg. | ____ % Environmental | ____ % Oil/Gas |
| ____ % Arbitration/Mediation | ____ % ERISA/Employee Benefits | ____ % Patents |
| ____ % Bankruptcy | ____ % Estate/Probate/Wills/Trusts | ____ % Public Utilities |
| ____ % Civil Litigation-Plaintiffs | ____ % Financial Institutions/Banking | ____ % Real Estate |
| ____ % Civil Litigation-Defendants | ____ % Gaming/Casino/Representation | ____ % Securities Exempt/Bonds |
| ____ % Collection/Repossession | ____ % Government/Municipal | ____ % Securities Reg'd Offerings |
| ____ % Copyright/Trademark/Service Mark | ____ % Immigration | ____ % Social Security |
| ____ % Corporation/Business | ____ % International Law | ____ % Taxation |
| ____ % Criminal | ____ % Labor Law/Employee Relations | ____ % Workers Compensation |
| ____ % Domestic Relations | ____ % Mergers & Acquisitions | ____ % Other - (Describe) _____ |

Total (Should Equal 100%) 0

CLAIM INFORMATION (Submit separate sheet if necessary)

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? Yes No

**If yes, complete a Claim Information Supplement for each claim and provide a five (5) year loss run report.*

Are you or any member of the Firm aware of or 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 any Predecessor Firms, regardless of the merit of such claim? Yes No

**If yes, complete a Claim Information Supplement for each potential fact, circumstance, act, error, or omission and provide a five (5) year loss run report.*

Has any current or former Attorney of the Firm ever been refused admission to practice, disbarred or suspended from practice? Yes No **If yes, provide complete details and any supporting documentation.*

Has the Firm's coverage ever been non-renewed, discontinued, cancelled, rescinded, or declined by any professional liability insurance company? [MISSOURI RESIDENTS, DO NOT ANSWER] Yes No

**If yes, provide formal documentation issued by each carrier or potential carrier or provide a detailed explanation.*

IMPORTANT NOTE:

Completion of this Premium Indication Form and any resulting indication of premium released by the company does not obligate ALPS to bind coverage, and/or issue an insurance policy. The right to decline to quote after risk assessment is retained by ALPS.

■ **PRINTED NAME:** _____ ■ **SIGNATURE:** _____ ■ **DATE:** _____

