Career Coverage Supplement

National Union Fire Insurance Company of Pittsburgh, Pa.
1271 Ave of the Americas FL 37
New York, NY 10020-1304
(A capital stock company, herein called the Company)

☐ **N/A**

This Supplement must be completed for each attorney seeking Career Coverage. Information should include all prior firms.

1. Please provide the following details on the attorney for whom Career Coverage is sought (use separate form for each attorney):

Name of Attorney	**Date Joined Applicant Firm**	**Designation Code (1)**	**Year First Licensed to Practice**	**State(s) Admitted to Practice**	**Major Area of Practice for Applicant Firm**
		–			

Note (1): Designation Code: [P = Partner / Member] ; [E = Employed Lawyer] ; [PT = Part Time Lawyer – working less than 26 hours per week]

2.

Name of Prior Firm	Start Date at Prior Firm	End Date at Prior Firm	Is Prior Firm Still in Existence?	Retro Date or Prior Acts Date at Prior Firm	Insurance Limits of Liability at Prior Firm
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Please indicate if any of the following types of services related to mergers or acquisitions have been rendered by the Applicant Firm within the past five (5) years:

3. Is the attorney for whom Career Coverage is sought aware of any claims or suits arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above? ☐ Yes ☐ No

If "yes" to Question 3. above, please explain and provide details on a separate sheet of paper.

4. Is the attorney for whom Career Coverage is sought aware of any negligent act, error or omission that could result in a claim, suit or disciplinary matter arising from professional legal services rendered at any of the above listed Prior Firms in Question 2. above? ☐ Yes ☐ No

If "yes" to Question 4. above, please explain and provide details on a separate sheet of paper.

5. Has the attorney for whom Career Coverage is sought had a disciplinary complaint filed in any court, administrative agency or regulatory body, or been disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency or regulatory body? ☐ Yes ☐ No

If "yes" to Question 5. above, please explain and provide details on a separate sheet of paper.

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Signature:_____ Title:_____ Date: _____

Printed Name: _____ Name of firm:_____

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