

## Cannabis Industry 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**

1. In the past five (5) years, what percentage of average annual revenue does each type of work represent for the Applicant firm:

|                       |   |                         |   |                             |   |
|-----------------------|---|-------------------------|---|-----------------------------|---|
| General Counsel       | % | Licensing or Regulatory | % | Corporate Formation         | % |
| Banking & Finance     | % | Real Estate Transaction | % | Intellectual Property       | % |
| Securities – Private  | % | Securities – Public     | % | Products Defense Litigation | % |
| Tax Opinion           | % | Labor – Management      | % | Employment                  | % |
| Mergers & Acquisition | % | Environmental           | % | Personal Injury Defense     | % |
| Other                 | % | (please describe)       |   |                             |   |

2. List the five largest cannabis clients during the past five (5) years

| Client Name | Public or Private Company | Type of Work | Date Representation Began | Avg Billable Hours/Year | Are they still a client? Y/N |
|-------------|---------------------------|--------------|---------------------------|-------------------------|------------------------------|
|             |                           |              |                           |                         |                              |
|             |                           |              |                           |                         |                              |
|             |                           |              |                           |                         |                              |
|             |                           |              |                           |                         |                              |
|             |                           |              |                           |                         |                              |

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:

Print Name:

Name of Firm: