

## Environmental 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. Please provide the following details for the top five (5) clients for whom the Applicant Firm provided legal services for environmental matters in the past five (5) years

Attorney Name	Client Name	Client's Industry	Types & Dates of Legal Services Provided	Still a Client?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

2. For each attorney handling environmental matters, please provide the following information:

Attorney Name	Environmental Law Years of Experience	Other Degrees or Certifications Relates to Environmental Sciences	% of Time for Environmental Practice
			%
			%
			%
			%
			%

3. In the past five (5) years:

- A. How many environmental opinion letters has the Applicant Firm issued?
- B. How many such environmental opinion letters were included in a securities registration statement, prospectus or offering circular?

4. Have any current or former clients owned, managed or operated, been involved in, been subject to or named as:

- A. Any polluted or contaminated properties for which the full amount of any clean-up costs could exceed \$1,000,000? Yes    No
- B. Any properties that are or have been on the "National Priorities List" or any state priority list Yes    No
- C. A "Responsible Party" or a "Potentially Responsible Party" with respect to any polluted or contaminated property or site? Yes    No
- D. Any properties that have had an environmental emission (whether land, water or air) that currently is or would have been subject to reporting to a governmental agency under any federal, state or local laws; or the sale, purchase, swap or lease of any property having a known pollution, contamination or other environmental issue? Yes    No

If "yes" to any parts of Question 4. 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: