Cryptocurrency 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

General Counsel % Licensing or Regulatory % Corporate Formation Banking & Finance % Intellectual Property % Tax Individuals Securities – Private % Securities – Public % Litigation Mergers & Acquisition % Tax Opinion % Other % (please describe) 2. List the five largest cryptocurrency clients during the past five (5) years Client Name Public or Private Type of Work Pate Avg Billable Are the Representation Are the Hours/Year a c		In the past five (5) years, what percentage of average annual revenue does each type of work represent for the								
Banking & Finance		Applicant firm:		oonging or Pogulatory	0/.	Corporato Fo	Cornerate Formation			
Securities – Private % Securities – Public % Litigation Mergers & Acquisition % Tax Opinion % Other % (please describe) 2. List the five largest cryptocurrency clients during the past five (5) years Client Name Public or Private Type of Work Date Avg Billable Are tt Hours/Year a c Began				Intellectual Property		Tax Individuals		%		
Mergers & Acquisition % Tax Opinion % Other % (please describe) 2. List the five largest cryptocurrency clients during the past five (5) years Client Name		_								
Other % (please describe) 2. List the five largest cryptocurrency clients during the past five (5) years Client Name		Securities – Private	% Se	ecurities – Public	%	Litigation		%		
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APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLIC LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE REPRESENTATIONS AND CONDITIONS. Sign and Date in ink Signature: Title: Date:	2.		Public or P	rivate Type of Wor	k			Are they still a client?		
LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE REPRESENTATIONS AND CONDITIONS. Sign and Date in ink Signature: Title: Date:			Compa	19	<u>'</u>		Tiodis/Todi	Y/N		
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Signature: Title: Date:	LAV	VYERS PROFESSIONAL	LIABILITY					PPLICANT'S		
	Sig	n and Date in ink								
Print Name: Name of Firm:	Signature:			Title:						
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