



### New Lawyer 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

<p><b>Instructions</b></p> <p>1. This form must be completed by the New Lawyer and must be signed by the New Lawyer and an Owner, Officer, or Partner of the Firm.</p> <p>2. Answer all questions completely. If space is insufficient, attach a separate sheet.</p>
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1. Firm Name: \_\_\_\_\_ Date New Lawyer Joined/Will Join Firm: \_\_\_\_\_

2. Complete the following for the new lawyer who joined/will join the firm

New Lawyer's Name	Designation Code*	Years in Practice	State(s) Admitted to Practice

\*Designation Codes: P- Partner/Member E- Employed lawyer PT-part-time lawyer working less than 26 hrs per week

Past Yrs.	Professional Liability Insurance Company	Policy Number	Limit of Liability Per Claim/Aggregate	Policy Period (mm/dd/yyyy)
1				
2				
3				

\*(provide any information pertaining to the purchase of an Extended Reporting Period Endorsement or "Tail Option".)

3. Is prior acts coverage desired? \_\_\_\_\_ Yes No
4. Is the lawyer identified in question 2 above aware of any professional liability claims or suits made against him or her in the past five (5) years, or any circumstances, acts, errors or omissions that could result in a professional liability claim or suit?  
(If "Yes", a Claims **Supplemental Application** must be completed for each claim or incident.) \_\_\_\_\_ Yes No
5. During the past five (5) years has any insurance carrier or Lloyd's cancelled or refused to renew any lawyers professional liability policy covering the new lawyer?  
(If "Yes", please provide a copy of any such action.) MISSOURI APPLICANTS NEED NOT REPLY \_\_\_\_\_ Yes No
6. Has the new lawyer identified in question 2 above ever been refused admission to practice, disbarred, suspended from practice, formally reprimanded, or been the subject of disciplinary action?  
(If "Yes", please provide a copy of any such action.) \_\_\_\_\_ Yes No



7. Please list law firms and/or employers and dates of employment for the past five (5) years

Position	Employer – City/State	Dates – From/To (MM/DD/YY)

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**

**New Lawyer**

Signed By:

Title:

Print Name:

Date:

**Partner**

Signed By:

Title:

Print Name:

Date: