

National Union Fire Insurance Company of Pittsburgh, Pa.®
LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT I - CAREER COVERAGE QUESTIONNAIRE
STATE OF FLORIDA

Any partner/member of the Firm that has been with the firm for five years or less and is seeking career coverage, must complete this application.

1. Partner/Member's Name: _____

2. Provide partner/member's employment history for the past five years (other than the Applicant Firm)

Firm/Entity	City, State	Dates of Employment From/To		Primary Areas of Practice

3. Proposed Retroactive Date: _____

4. Has partner/member been disciplined, censored, reprimanded, suspended, or placed on probation by any state bar, judicial body, or regulatory agency other than for traffic violations within the last 10 years?

Yes No

If "yes," please provide details. _____

5. Has partner/member been the subject of an incident or claim related to the practice of law within the past 5 years?

Yes No

If "yes," please complete the application Supplement H - Incidents and Claims for each incident or claim.

6. Claims and incidents which could result in a claim:

- a. Does the partner/member know of any claim or act, error, or omission which could result in a claim against them?

Yes No

If "yes," please complete the application Supplement H - Incidents and Claims for each incident or claim.

- b. Have all of the matters indicated above been reported to the appropriate professional liability carrier(s)?

Yes No

If "no," please explain. _____

Authorized Representative of the Firm

Date:

Print Name

Attest

Title (Must be signed by the managing Partner,
managing executive, principal, business manager
or risk manager of the Firm)

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.