

National Union Fire Insurance Company of Pittsburgh, Pa.®

**LAWYERS PROFESSIONAL LIABILITY APPLICATION
SUPPLEMENT A - FINANCIAL QUESTIONNAIRE
STATE OF FLORIDA**

A. Please supply the following financial information for the Firm. For Items 1. through 7., supply data for the latest completed fiscal year and the prior 2 fiscal years. For Item 8., please supply the amount as of year-end.

Balance Sheet Item	Latest Fiscal Year _____	Prior Fiscal Year _____	Prior Fiscal Year _____
1. Current Assets: (All cash and other assets that are likely to be converted into cash within one year)			
2. Current Liabilities (Liabilities that will be paid in one year)			
3. Total Assets (All assets of the firm)			
4. Total Liabilities (All liabilities of the firm including current liabilities and long term debt)			
5. Capital (All of the partners'/shareholders' investment in the Firm in the form of cash and assets contributed in addition to undistributed profits)			
6. Total Revenues (All amounts received (cash based accounts) or earned (accrual based accounts) from the operation of the firm)			
7. Total Expenses (All of the costs paid (cash based accounts) or incurred (accrual based accounts) from the operation of the firm)			
8. Total Average Receivables (Computed by adding the beginning of the year total receivable balance and the end of the year total receivable balance, then dividing the sum of these two amounts by 2)			

B. List the 3 largest expenses incurred by the Firm for the latest completed fiscal year and the prior 2 fiscal years.

Latest Fiscal Year _____	Prior Fiscal Year _____	Prior Fiscal Year _____

- C. **Firm's Financial Source Documents** (to be provided with this Supplemental Application):
1. Latest independently audited fiscal year financial statements (income statement and balance sheet)
 2. Latest fiscal year-end management reporting package on firm-wide operations.

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.