

FINANCIAL INSTITUTIONS SUPPLEMENT

Firm Name: _____

1. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:
 - a. Performed services other than bankruptcy, collection loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work? Yes No
 - b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee? Yes No
 - c. Had any equity interest or loan commitments? Yes No
 - d. Had a client been declared insolvent or operated under regulatory direction or agreement? Yes No

**If "Yes" to any of Question 1 above, please answer Questions 2 through 4.
If "No" to all parts of Question 1 above, no further information is required other than signature.**

2. a. Name of Financial Institution/Client: _____
- b. Location (City, State): _____
- c. Nature and capacity of services Firm provided (please be as specific as possible):

- d. What is the highest annual percent of the Firm's gross billing attributable to this Client? _____% _____ year
- e. Does the Client have D&O Insurance? Yes No
- f. Name of firm member(s) or former member(s) who provides or provided above professional services:

- g. Dates of services, from _____ to _____.
- h. Still a Client? Yes No
- i. Date of insolvency, take-over or merger, if applicable: _____.

3. With regard to the above Financial Institution/Client, has any member or former member of the Firm:
 - a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)? Yes No
If "Yes", please identify the type of committee(s) and dates of participation:
 - b. Acted as director or officer? Yes No
 - c. Acted as general counsel? Yes No
 - d. Had loan commitments? Yes No
 - e. Held stock or other financial interest? Yes No
If "Yes" what is the dollar value of such interest \$ _____, the percentage of such interest _____% and is the institution: publicly owned/traded or privately held?
 - f. Participated in the preparation of a response to regulatory examination reports? Yes No
 - g. Participated or assisted in the rendering of advice on regulatory issues? Yes No

4. Has any regulatory authority initiated any administrative or regulatory proceeding or investigation, or pursued any civil or criminal charges or remedies against, or is any litigation (including any shareholder derivative action) pending against, the above Financial Institution or any director or officer of the above Financial Institution?
..... Yes No

If "Yes", please provide complete details (attach a separate sheet if necessary) :

NOTICE [REDACTED]

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act

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

NOTICE: This supplement is attached to and forms a part of the Lawyers Professional Liability Insurance Policy Application and is subject to the same representations and conditions.

Must be signed and dated by a Partner, Principal, Director or Officer as duly authorized on behalf of the Applicant.

Signature of Partner, Principal, Director or Officer

Title

Date

Print Name _____