

**PROFESSIONAL LIABILITY INSURANCE FOR LAWYERS AND LAW FIRMS
FINANCIAL INSTITUTION SUPPLEMENT**

Application Instructions: Complete the following, if in the last six (6) years, any lawyer associated with the applicant firm and/or its predecessors has provided legal services for financial institution clients.

1. What percentage of your services is for financial institution clients?..... _____%
2. Of the percentage listed above, advise the percentage of these services that include:
 - a. Residential: loan documentation, real estate closings, foreclosures or title work..... _____%
 - b. Commercial: loan documentation, real estate closings, foreclosures or title work _____%
 - c. Bankruptcy or collection..... _____%
 - d. Trusts..... _____%
 1. Average number of trusts handled per year:..... _____
 2. Average trust value..... _____
 3. Highest trust value..... _____
 - e. Other: _____ %
3. Within the last six (6) years, has any lawyer for the applicant or any Predecessor Firm**:
 - a. had any financial control over or equity interest in a financial institution?..... Yes No
 - b. acted as director, officer, general counsel or committee member for a financial institution? Yes No
 - c. been involved with the initial formation or provided any securities services for a financial institution? Yes No

** A Predecessor Firm is any legal entity that was engaged in the practice of law to whose financial assets and liabilities the Named Insured is the majority successor in interest.
4. Is any financial institution client **uninsured** by a government agency such as the FDIC, or NCUA?..... Yes No

Complete for any "Yes" response to questions numbered 3 and 4. Attach additional sheets as needed.

| Name and address of Financial Institution | Insured by the FDIC or NCUA? | Indicate all positions held | Percent Equity Interest | Involvement with loan approvals? | Initial formation or securities services? | Provide details for all services provided |
|---|---|---|-------------------------|---|---|---|
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | FDIC <input type="checkbox"/> NCUA <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Loan Comm. <input type="checkbox"/> Gen. Counsel <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known. The undersigned agrees that this Supplemental Application will be included in the basis for any coverage and part of any policy that is issued by the Company.

Any person who includes any false or misleading information on an application for any insurance policy is subject to criminal and civil penalties.

Name of Applicant Firm

Signature of Partner, Officer or Owner

Date