

LAWYERS PROFESSIONAL LIABILITY Financial Institutions Supplement

1. Name of Applicant or Insured: _____

2. How many attorneys in the firm practice in this area? _____

Complete for **EACH** Financial Institution that **you** have performed services for in the past five (5) years.

3. Name of Financial Institution: _____

a. Location: _____

b. Type (check one): Bank ___ Savings & Loan ___ Credit Union ___
Savings Bank ___ Other (describe) _____

c. Dates of Services: From _____ To _____

4. Services **you** rendered to the above Financial Institution (check all that apply):

- | | | | |
|-------------------------------------|-----|----------------------------------|-----|
| a. Bankruptcy | ___ | i. Fidelity Bond Claims | ___ |
| b. Collections | ___ | j. General Counsel | ___ |
| c. Commercial Real Estate | ___ | k. Investment / Money Management | ___ |
| d. Corporate Formation / Alteration | ___ | l. Litigation | ___ |
| e. Environmental | ___ | m. Regulatory Counsel | ___ |
| f. ERISA / Employee Benefits | ___ | n. Residential Real Estate | ___ |
| g. Estate / Trust / Probate / Wills | ___ | o. Securities Counsel | ___ |
| h. Foreclosure / Loan Procedures | ___ | p. Other _____ | ___ |

5. Has this Financial Institution (if "YES" describe below):

- | | | |
|---|---------|--------|
| a. Failed, become insolvent, merged, or sold at regulatory direction? | Yes ___ | No ___ |
| b. Operated under some form of regulatory agreement? | Yes ___ | No ___ |
| c. Been involved in subprime lending? | Yes ___ | No ___ |

If "YES" to 5.a., 5.b., or 5.c. describe:

6. Regarding this Financial Institution, have any of **you**, including any of the attorneys listed in Q.10. of the application:

- | | | |
|--|---------|--------|
| a. Had any equity interest(s), including stock ownership? | Yes ___ | No ___ |
| b. Had any loan commitments? | Yes ___ | No ___ |
| c. Been a director or officer or member of any internal committee(s)? | Yes ___ | No ___ |
| i. If "YES" is/was there coverage for you under an indemnity agreement or a Directors and Officers insurance policy with the Financial Institution? | Yes ___ | No ___ |

Knight Specialty Insurance Company

If "YES" to 6.a., 6.b., or 6.c. describe:

7. Is any litigation threatened or pending against any Director, Officer, or other member of this Financial Institution?

Yes ___ No ___

a. If "YES" describe

Signature of Applicant: _____

Date: _____