



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**FINANCIAL INSTITUTIONS SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

Complete, if applicable, for activities performed within the last five years.

1. Has any member of the firm performed services for any institution that has been declared insolvent or has operated under regulatory direction or pursuant to regulatory agreement? Yes No

2. Does the firm have a policy prohibiting the introduction of clients of the firm to client financial institutions as prospective borrowers and/or the subsequent representation of both borrower and lender? Yes No

3. Please identify all client financial institutions and provide the following information regarding the services performed. **(Complete one form for each institution represented.)**

Name of Institution: _____

Location(s): _____

4. Please indicate services provided

- | | |
|---|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Collection/Foreclosure |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> ERISA/Employee Benefits |
| <input type="checkbox"/> Estate Planning/Trusts/Wills/Probate | <input type="checkbox"/> Litigation |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Corporate Formation/Alteration |
| <input type="checkbox"/> Securities | <input type="checkbox"/> Investment Counseling/Money Mgmt. |
| <input type="checkbox"/> Bank Regulatory | <input type="checkbox"/> Loan Procedures |
| <input type="checkbox"/> Other: _____ | |

5. Dates of Service: From: _____ To: _____

6. Has any current or former member of the firm:

Had a loan commitment with this institution? Yes No

Held stock or other financial interest? Yes No

If yes, advise the percentage of shares or \$ value: _____

Served as a director or officer? Yes No

If yes, are you covered under an indemnification agreement or D & O Insurance? Yes No

Been a member of any internal committees, i.e., executive committee, audit committee or policy making committee? Yes No

If yes, please describe below or on a separate addendum.

Is any lawyer involved in the approval of loans? Yes No

Participated in the institution's response to regulatory reports or examinations? Yes No

Rendered advice on regulatory issues? Yes No

If yes, please describe below or on a separate addendum.

Provided legal services as "Counsel" or "General Counsel"? Yes No

If yes, please describe: _____

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant
(Must be signed by Managing Partner or Officer of the Firm)

Title

Date