Financial Institutions Supplement

Lawyers Professional Liability Insurance

****ADDITIONAL SUPPLEMENTS MAY BE REQUIRED BASED ON THE FIRM'S RESPONSES TO QUESTION 4****

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. Do **you** have a policy prohibiting the introduction of clients of the firm to client financial institutions as a 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.)**

   Institution: _____

   Location(s): _____

4. Please indicate services provided

   ☐ Bankruptcy
   ☐ Collection/Foreclosure
   ☐ Environmental
   ☐ ERISA /Employee Benefits
   ☐ Estate Planning/Trusts/Wills/Probate
   ☐ Litigation
   ☐ Real Estate
   ☐ Corporate Formation/Alteration
   ☐ Securities
   ☐ Investment Counseling/Money Mgmt
   ☐ Bank Regulatory
   ☐ Loan Procedures
   ☐ Other:

5. Dates of Service: From _____ To _____

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

   a. Had a loan commitment with this institution? ***If "Yes", please provide the dollar value of the loan and what the loan is/was for.*** ☐ Yes ☐ No
   b. Held stock or other financial interest? If "Yes", advise the percent of shares and/or dollar value of the shares: ☐ Yes ☐ No
   c. Served as a director or officer? ☐ Yes ☐ No
   d. If so, are you covered under an indemnification agreement or D&O Insurance?
   e. Been a member of any internal committees, i.e. executive committee, audit committee, or policy making committee? ***If "Yes", please describe on a separate addendum.*** ☐ Yes ☐ No
   f. Is any lawyer involved in the approval of loans? ☐ Yes ☐ No
   g. Participated in the institution's response to regulatory reports or examinations? ☐ Yes ☐ No
   h. Rendered advice on regulatory issues? ***If "Yes", please describe on a separate addendum.*** ☐ Yes ☐ No
   i. 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 *Title* *Date*

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

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