



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION

FINANCIAL INSTITUTIONS

Name of Applicant (The Firm): _____

- This supplement should be completed if:
i) at any time within the past ten (10) years the firm, or any attorney of the firm...
ii) any attorney of the firm, or former attorney while affiliated with the firm...
Please photocopy this supplement and provide a separate sheet for each financial institution client within the past ten (10) years.

1 Institution's Name: _____

2 Locations: _____

3 The above financial institution is a [] past; or [] present client of a firm attorney.

4 Briefly state the nature of services rendered and the dates last rendered: _____

5 Has this financial institution ceased operations, gone insolvent, been declared insolvent, or is it now controlled or operated by the FDIC, OCC and OTS or any other government agency? [] YES [] NO

6 Has any member (or former member) of the applicant firm:
A. Had loan commitments with the above institution? [] YES [] NO
B. Held stock or other financial interest in the above institution? [] YES [] NO

If "yes," what is the dollar value of such interest? \$ _____

C. Acted as a director or officer of the above institution? [] YES [] NO

Dates Position held: from ___ / ___ / ___ to ___ / ___ / ___

D. Participated in the preparation of the institution's response to regulatory examination reports? [] YES [] NO

E. Participated or assisted in the rendering of advice on regulatory issues? [] YES [] NO

F. Provided the following legal services to the above institution?

General Counsel [] YES [] NO

Regulatory Counsel [] YES [] NO

Assist in preparation of regulatory examination reports [] YES [] NO

Loan closings [] YES [] NO

Loan documentation [] YES [] NO

Litigation [] YES [] NO

Securities Work [] YES [] NO

7. A. Has any member (or former member) of the applicant firm held a position as a member of the following internal committees of the above institution? YES NO
- Investment Advisory Committee** YES NO
 Dates Position held: from ___ / ___ / ___ to ___ / ___ / ___
- Executive Committee** YES NO
 Dates Position held: from ___ / ___ / ___ to ___ / ___ / ___
- Loan Policy Committee** YES NO
 Dates held: from ___ / ___ / ___ to ___ / ___ / ___
- Audit Committee** YES NO
 Dates held: from ___ / ___ / ___ to ___ / ___ / ___
- Other (describe) _____ YES NO

- B. (i) Did the institution provide an indemnification agreement during the period the position was held? YES NO
- (ii) Was there D&O Insurance in force for the above institution during the period the position was held? YES NO

8. ~~To the knowledge of any firm member, are there any pending or threatened director's and officer's claims against the financial institution shown above?~~ YES NO

9. Annual fees received by the firm from the financial institution: A. last fiscal year \$ _____
 B. highest in any one fiscal year \$ _____

10. A. Does the firm have a policy prohibiting attorneys from holding stock or other financial interest in a financial institution which is also a client of the firm? YES NO

B. If "Yes," is it in writing? YES NO

(If "No," please explain on a separate sheet of paper and attach to this supplemental application.)

C. When was it established? _____

11. A. Does the firm have a policy prohibiting attorneys from acting as a director or officer of a financial institution which is also a client of the firm? YES NO

B. If "Yes," is it in writing? YES NO

(If "No," please explain on a separate sheet of paper and attach to this supplemental application.)

C. When was it established? _____

12. A. Does the firm have a policy prohibiting the introduction of clients to any other client financial institution? YES NO

B. If "Yes," is it in writing? YES NO

(If "No," please explain on a separate sheet of paper and attach to this supplemental application.)

C. When was it established? _____

13. A. Does the firm have a policy prohibiting the representation of both borrowers and and lenders? YES NO

B. If "Yes," is it in writing? YES NO

(If "No," please explain on a separate sheet of paper and attach to this supplemental application.)

C. When was it established? _____

Applicant By _____ DATE _____
 SIGNATURE OF OFFICER OR PARTNER OF FIRM PRINT NAME OF OFFICER OR PARTNER

Application must be signed by duly authorized proprietor, partner, member or officer of the firm.