



Financial Institutions Supplement

Lawyers Professional Liability Insurance

****YOU MUST ALSO COMPLETE THE Real Estate & Sub-Prime Supplement IN CONJUNCTION WITH THIS SUPPLEMENT****

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

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

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? Yes No
- 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)