

FINANCIAL INSTITUTIONS SUPPLEMENT

INSTRUCTIONS:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
3. Please sign this supplement to include this completed form as part of the **Application**.

Named Insured/ Applicant: _____

1. Does any attorney provide legal services in exchange for an ownership interest in any Firm Client or directly related entity: YES NO
2. Does any attorney serve as director, officer, general counsel, or internal committee member, or own stock in any Client financial institution that is not publicly-traded? YES NO
3. Is any litigation pending against any director or officer of any of the Firm's financial institution Clients? YES NO
4. In the past ten years, have any of the Firm's financial institution Clients been declared insolvent, gone into receivership, or operated under a regulatory agreement? YES NO

5. For each affirmative answer to 3 and 4 above, identify (on a separate page, if necessary):

- a. Name/location of Client: _____
- b. If applicable, dates of insolvency or regulatory supervision: _____

- c. Nature/capacity of services provided to that Client: _____

- d. Attorney(s) providing representation: _____
- e. Date representation commenced: _____
- f. Does the Firm still represent the Client: _____
- g. The dollar value of any financial interest: _____
- h. The percentage of such financial interest: _____
- i. Whether the Client is publicly traded or privately held: _____

Fraud Prevention – General Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____