



Area of Practice Supplement Application
Financial Institution

N/A checkbox

Financial institution means any savings and loan association, bank, credit union, savings bank, banking and loan association, commercial banking institution or any lending affiliate thereof. Please attach a separate sheet for additional financial institutions to explain your activities more fully.

1. Has any financial institution client been declared insolvent or operated under regulatory direction or regulatory agreement by the FDIC, OCC, OTS or any other governmental agency? Yes No

If "Yes", in the table below, provide the name and location of the financial institution, the dates and nature of the services provided and estimated billings received.

2. Has any member of your firm served as:

Table with 5 main rows (i-v) and sub-rows (a-j) for question v. Each row contains a question and Yes/No checkboxes.

(If "Yes" to any parts of questions (b) or (c) above, please explain and provide details on a separate sheet of paper.)

vi. What is the highest percentage of the Applicant Firms annual gross revenues, in any of the past three (3) fiscal years, which were attributable to legal services rendered to any single financial institution client? %

*If 1 and 2 are marked "No" further information is not required. Please sign and date below.

Complete the following only if required in items 1&2 above. Attach additional sheets if necessary.

Table with 4 columns: FINANCIAL INSTITUTION AND LOCATION, GENERAL DESCRIPTION OF SERVICES PROVIDED, DATE(S) OF SERVICES, ATTORNEY(S) OFFICIAL CAPACITIES EQUITY VALUE OF OWNERSHIP. It contains two identical sets of rows for data entry.

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Sign and date in ink

Name of Firm: _____

Signed By: _____ Title: _____ Date: _____