



# Financial Institutions Supplement

## Lawyers Professional Liability Insurance

NAME OF APPLICANT: \_\_\_\_\_

**Complete, if applicable, for activities performed within the last five years.**

- 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
- Does the firm have a policy prohibiting the introduction of clients of the firm to client financial institutions as prospective borrowers and/or the subsequent representation of both borrower and lender?  Yes  No
- Please identify all client financial institutions and provide the following information regarding the services performed. **(Complete one form for each institution represented.)**

Name of 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:

- Had a loan commitment with this institution?  Yes  No
- Held stock or other financial interest?  Yes  No  
If yes, advise the % of shares or \$ value: \_\_\_\_\_
- Served as a director or officer?  Yes  No  
If so, are you covered under an indemnification agreement or D & O Insurance?  Yes  No
- Been a member of any internal committees, i.e., executive committee, audit committee or policy making committee?  Yes  No  
(If yes, please describe below or on a separate addendum.)
- Is any lawyer involved in the approval of loans?  Yes  No
- Participated in the institution's response to regulatory reports or examinations?  Yes  No
- Rendered advice on regulatory issues?  Yes  No  
(If yes, please describe below or on a separate addendum.)
- 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*  
(Must be signed by a Managing Partner, or Officer of the Firm)

\_\_\_\_\_  
*Date*