



Administered by:
Lockton Risk Services
(800) 250-7876

**FINANCIAL INSTITUTION
SUPPLEMENTAL APPLICATION**

Name of Applicant:

Financial Institution means any savings and loan association, bank, credit union, savings bank, building and loan association, commercial banking institution or any subsidiary or affiliate thereof.

Please complete for any Financial Institution to which the applicant firm has provided any professional services, or for which any member of the applicant firm has served as a director or officer or been a committee member within the last five (5) years.

PROVIDE INFORMATION ON SEPARATE LETTERHEAD OR PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED.

	Yes	No
1. Does the applicant firm have and comply with a policy prohibiting any member from holding stock or other financial interest in a financial institution which is also a client of the firm? If "Yes", is it in writing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Does the firm have and comply with a policy prohibiting any member from acting as a director or officer of a financial institution which is also a client of the firm? If "Yes", is it in writing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Does the firm have and comply with a policy prohibiting the representation of both a buyer/borrower and seller/lender in the same transaction? If "Yes", is it in writing	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Within the past five (5) years, has your firm or any attorney with your firm provided professional services for a financial institution in the following area(s) of practice?		
a. Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
b. Collection	<input type="checkbox"/>	<input type="checkbox"/>
c. Environmental	<input type="checkbox"/>	<input type="checkbox"/>
d. ERISA/Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>
e. Estate Planning / Probate / Trusts / Wills	<input type="checkbox"/>	<input type="checkbox"/>
f. Litigation	<input type="checkbox"/>	<input type="checkbox"/>
g. Residential Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
h. Foreclosures	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past five (5) years, has your firm or any attorney with your firm provided professional services for a financial institution in the following area(s) of practice?		
a. Corporation Formation/Alteration	<input type="checkbox"/>	<input type="checkbox"/>
b. Securities	<input type="checkbox"/>	<input type="checkbox"/>
c. Investment Counseling / Money Management	<input type="checkbox"/>	<input type="checkbox"/>
d. Bank Regulatory	<input type="checkbox"/>	<input type="checkbox"/>
e. Commercial Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
f. Loan Procedures	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past five (5) years, has your firm or any attorney with your firm served as or held any of the following positions with any financial institution that is a client?		
a. General Counsel	<input type="checkbox"/>	<input type="checkbox"/>
b. CEO, Chairman, President, Officer, Director	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past five (5) years, has your firm or any attorney in your firm held stock or any financial or equity interest in any financial institution that is a client?	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following questionnaire for each financial institution for which a YES response was entered in any category in question 5, 6 or 7. Please submit a response to each question. If an individual question does not apply, please put N/A instead of leaving the question blank.

PROVIDE INFORMATION ON SEPARATE LETTERHEAD, OR PHOTOCOPY, IF ADDITIONAL SPACE IS NEEDED.

1.	a.	Name of Financial Institution:		
	b.	Location (city, state):		
	c.	Dates of representation: From: to:		
	d.	Services Provided:		
	e.	Internal Committee Name(s):		
	f.	Official Capacity:		
	g.	Equity interest: Value of Shares: \$		
	h.	Director, Office or Other Ownership interests:		
	i.	Loan or Other Credit extension:	<u>Yes</u>	<u>No</u>
	j.	Did the firm prepare responses to regulatory examinations or provide advice on regulatory issues? If "Yes", please explain:	<input type="checkbox"/>	<input type="checkbox"/>
	k.	Has the Financial Institution been sold to any other financial institution? Was the sale federally assisted? If "Yes", indicate to whom the financial institution was sold, when and the location of the new financial institution:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	l.	Has it been declared insolvent or operated under any regulatory direction or regulatory agreement?	<input type="checkbox"/>	<input type="checkbox"/>
2.	a.	Name of Financial Institution:		
	b.	Location (city, state):		
	c.	Dates of representation From: to:		
	d.	Services Provided:		
	e.	Internal Committee Name(s):		
	f.	Official Capacity:		
	g.	Equity interest: Value of Shares: \$		
	h.	Director, Office or Other Ownership interests:		
	i.	Loan or Other Credit extension:	<u>Yes</u>	<u>No</u>
	j.	Did the firm prepare responses to regulatory examinations or provide advice on regulatory issues? If "Yes", please explain:	<input type="checkbox"/>	<input type="checkbox"/>
	k.	Has the Financial Institution been sold to any other financial institution? Was the sale federally assisted? If "Yes", indicate to whom the financial institution was sold, when and the location of the new financial institution:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	l.	Has it been declared insolvent or operated under any regulatory direction or regulatory agreement?	<input type="checkbox"/>	<input type="checkbox"/>

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPRESSED OR MISSTATED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)