

LAWYERS PROFESSIONAL LIABILITY INSURANCE

FINANCIAL INSTITUTIONS SUPPLEMENT

NOTICE: THIS IS AN APPLICATION FOR A POLICY, WHICH IF ISSUED, WILL BE ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AND REPORTED AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS CLAIM EXPENSES. PLEASE READ THIS POLICY CAREFULLY.

Name of Applicant (The Firm): _____

This supplement should be completed if:

- i) at any time within the past five (5) years the firm, or any attorney of the firm (regardless of what firm he or she was practicing with at the time), provided legal services to any bank, banking association, trust company, savings bank, industrial bank, savings and loan association, building and loan association, homestead association, bank holding company, savings and loan holding company, credit union, investment banking firm, securities broker or dealer, or other banking institution or any subsidiary or affiliate thereof or other financial institution, and if the individual acted in the capacity as SEC counsel, regulatory counsel, general counsel or committee member or was an equity partner or director or officer of such institution; or
- ii) any attorney of the firm, or former attorney while affiliated with the firm, served in the past six (6) years as director or officer for any financial institution.

* Please photocopy this supplement for each financial institution client within the past six (6) years.

1. Name of Financial Institution: _____

2. Location(s): _____

3. The above financial institution is a past; or present client of an attorney of the firm.

4. Briefly state the nature of legal services rendered and the dates last rendered: _____

5. Has this financial institution ceased operations, gone insolvent, been declared insolvent, or is it now controlled or operated by the FDIC, OCC, OTS or any other government agency?YES NO
If "Yes," please provide full particulars on a separate sheet of your firm's letterhead and attach to this supplement.

6. Has the firm, or any attorney of the firm (regardless of what firm he or she was practicing with at the time):

a. Had loan commitments with the above financial institution?YES NO

b. Held stock or other equity interest in the above financial institution?YES NO
If "Yes," what is the dollar value of such interest?\$ _____

c. Acted as a director or officer of the above financial institution?YES NO
Dates Position held: From ___/___/___ to ___/___/___

d. Participated in the preparation of the financial institution's response to regulatory examination reports?YES NO

e. Participated or assisted in the rendering of advice on regulatory issues?YES NO

f. Provided the following legal services to the above financial institution?

General CounselYES NO

Regulatory CounselYES NO

Loan Closings YES NO
 Loan Documentation YES NO
 Litigation YES NO
 Securities Work YES NO

7. a. Has any attorney of the firm (regardless of what firm he or she was practicing with at the time) held a position as a member of the following internal committees of the above financial institution?
- Investment Advisory Committee YES NO
 Dates Position held: From ___/___/___ to ___/___/___
- Executive Committee YES NO
 Dates Position held: From ___/___/___ to ___/___/___
- Loan Policy Committee YES NO
 Dates Position held: From ___/___/___ to ___/___/___
- Audit Committee YES NO
 Dates Position held: From ___/___/___ to ___/___/___
- Other (please describe): _____
- b. Did the financial institution provide an indemnification agreement during the period the position was held? YES NO
- c. Was there D&O insurance in force for the above financial institution during the period the position was held? YES NO
8. To the knowledge of any attorney of the firm, are there any pending or threatened director's and officer's claims against the financial institution shown above? YES NO
9. Annual fees received by the firm from the financial institution: Last fiscal year \$ _____
 Highest in any one fiscal year \$ _____
10. Does the firm have a policy prohibiting:
- a. Attorneys from holding stock or other equity interests in a financial institution which is also a client of the firm? YES NO
- b. Attorneys from acting as a director or officer of a financial institution which is also a client of the firm? YES NO
- c. The introduction of other clients to any financial institution client? YES NO
- d. The representation of both borrowers and lenders? YES NO
- e. If "Yes" to Questions 10a-d, are these policies in writing? YES NO
 If "No," please explain below, or on a separate sheet of your firm's letterhead and attach to this supplement.
- f. When were these policies established?

ADDITIONAL INFORMATION

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR

ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING,

INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

Name of Applicant/Named Insured (please print):

Name and position of authorized representative completing this form:

SIGNATURE OF OFFICER OR PARTNER OF FIRM

DATE

PRINT NAME OF OFFICER OR PARTNER

POSITION

Application must be signed by a duly authorized proprietor, partner, member or officer of the firm.