

FINANCIAL INSTITUTION SUPPLEMENT

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. With regard to any financial institution client(s) within the past six (6) years, has any member or former member of the Firm:

- a. Performed services other than bankruptcy, collection, loan documentation/workout, real estate closings/foreclosures, title work/conveyances or trust work?..... Yes No
- b. Served as general counsel, CEO, chairman, president, officer, director or member of any internal committee?..... Yes No
- c. Had any equity interest or loan commitments?..... Yes No
- d. Had a client been declared insolvent or operated under regulatory direction or agreement?..... Yes No

If yes to any part of Question 2 above, please answer Questions 3 through 5.

If no to all parts of Question 2 above, no further information is required other than signature.

3. a. Name of Financial Institution:

b. Location (City, State):

c. Nature and capacity of services Applicant Firm provided (please be as specific as possible):

d. Name of firm member(s) or former member(s) who provides or provided above professional services:

e. Dates of services, from _____ to _____ .

f. Still a client? Yes No

g. Date of insolvency, take-over or merger, if applicable: _____ .

4. With regard to the above institution, has any member or former member of the Firm:

a. Been a member of any internal committee(s) such as but not limited to the executive, loan policy, audit or investment advisory committee(s)? Yes No

If yes, please identify the type of committee(s) and dates of participation:

- b. Acted as director or officer? Yes No
- c. Acted as general counsel?..... Yes No
- d. Has loan commitments? Yes No

If yes, please describe type and amount:

- e. Held stock or other financial interest? Yes No

If yes, what is the dollar value of such interest \$ _____ the percentage of such interest % and is the institution: publicly owned/traded or privately held?

- f. Participated in the preparation of a response to regulatory examination reports? Yes No

- g. Participated or assisted in the rendering of advice on regulatory issues? Yes No

5. Has any regulatory authority filed a lawsuit against the financial institution or the insured (including any shareholder derivative action) or has any person or persons or entity threatened any actions against any director or officer of the above financial institution? Yes No

If yes, please provide complete details:

Signature of Owner, Partner or Principal:

Date:

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.