



SUPPLEMENT 2

FINANCIAL INSTITUTIONS

FULL NAME OF APPLICANT: _____

THE TERMS "INSTITUTION" OR "FINANCIAL INSTITUTION" INCLUDES ANY SAVINGS & LOAN, BANK, CREDIT UNION, SAVINGS ASSOCIATION, BUILDING & LOAN ASSOCIATION; OR SERVICE COMPANY, SUBSIDIARY CORPORATION OR HOLDING COMPANY OF THE AFOREMENTIONED.

SECTION A:

This supplement is to be completed by all applicants for Lawyers Professional Liability Insurance, when in the last 5 years, any lawyer associated with the applicant firm and/or its predecessors has provided legal services for your firm's financial institution or financial institution regulatory authority clients.

1. What percentage of your services are for your firm's financial institution clients? %
2. Of the percentage listed above, what percentage of these services include:
 - A. Residential loan documentation, residential real estate closings/foreclosures, or title work %
 - B. Commercial loan documentation, commercial real estate closings/foreclosures, bankruptcy, collection or trust work %
 - C. Financial/investment advisory services %
(Please note that such activities are not covered under the policy for which you are applying)
 - D. Services other than A., B. and C. above %

Complete Section B on page 2.2 if either questions 3, 4 or 5 are answered "Yes."

3. Have any lawyers performed services for your firm's financial institution clients other than those listed below? Yes No

- | | | |
|---|---|---|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Collection | <input type="checkbox"/> Loan documentation |
| <input type="checkbox"/> Loan Workout | <input type="checkbox"/> Real estate closings | <input type="checkbox"/> Real estate foreclosures |
| <input type="checkbox"/> Title work/conveyances | <input type="checkbox"/> Trust work | |

4. Has any lawyer:
 - A. Had any financial control over or equity interest in a financial institution? Yes No
 - B. Acted as director, officer, general counsel or committee member for a financial institution? Yes No
 - C. Been involved with the initial formation of or provided any securities services for a financial institution? Yes No

5. Are any of your firm's financial institution clients uninsured by a government agency such as the FDIC,

or NCUA? Yes No

SECTION B: Complete only if you have answered yes to any question numbered 3 through 5 of Section A. Attach additional sheets as needed.

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		<input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
<input type="checkbox"/> NO POSITION HELD <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OFFICER <input type="checkbox"/> AUDIT COMMITTEE <input type="checkbox"/> LOAN COMMITTEE <input type="checkbox"/> EXECUTIVE COMMITTEE <input type="checkbox"/> GENERAL COUNSEL - List services below <input type="checkbox"/> OTHER - List service below	<input type="checkbox"/> Prior to takeover <input type="checkbox"/> Both apply	<input type="checkbox"/> After takeover <input type="checkbox"/> Not applicable	List services provided other than in Question 3 of Section A: _____ _____ _____ _____ _____
Describe services provided during each time period: _____ _____ _____			

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		<input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
<input type="checkbox"/> NO POSITION HELD <input type="checkbox"/> DIRECTOR <input type="checkbox"/> OFFICER <input type="checkbox"/> AUDIT COMMITTEE <input type="checkbox"/> LOAN COMMITTEE <input type="checkbox"/> EXECUTIVE COMMITTEE <input type="checkbox"/> GENERAL COUNSEL - List services below <input type="checkbox"/> OTHER - List service below	<input type="checkbox"/> Prior to takeover <input type="checkbox"/> Both apply	<input type="checkbox"/> After takeover <input type="checkbox"/> Not applicable	List services provided other than in Question 3 of Section A: _____ _____ _____ _____ _____
Describe services provided during each time period: _____ _____ _____			

Financial Institution and location	Is the institution insured by any government agency such as FDIC or NCUA?	Is any lawyer involved with the approval of loans?	Check any if applicable:
Name: _____ City/State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equity interest in this financial institution. If yes, give full particulars on a separate addendum.
Check any of the following positions held:	If the Financial Institution has been taken over by a regulatory agency, check if services were provided.		<input type="checkbox"/> Initial formation or securities services were provided for this financial institution. Complete Supplement 3.
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Describe services provided during each time period: _____ _____ _____			

Applicant hereby warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts which are known, or should be known. Applicant agrees that this Supplemental Application shall become the basis for any coverage and part of any policy that is issued by the Company.

Date _____ Signature: _____ Title: _____